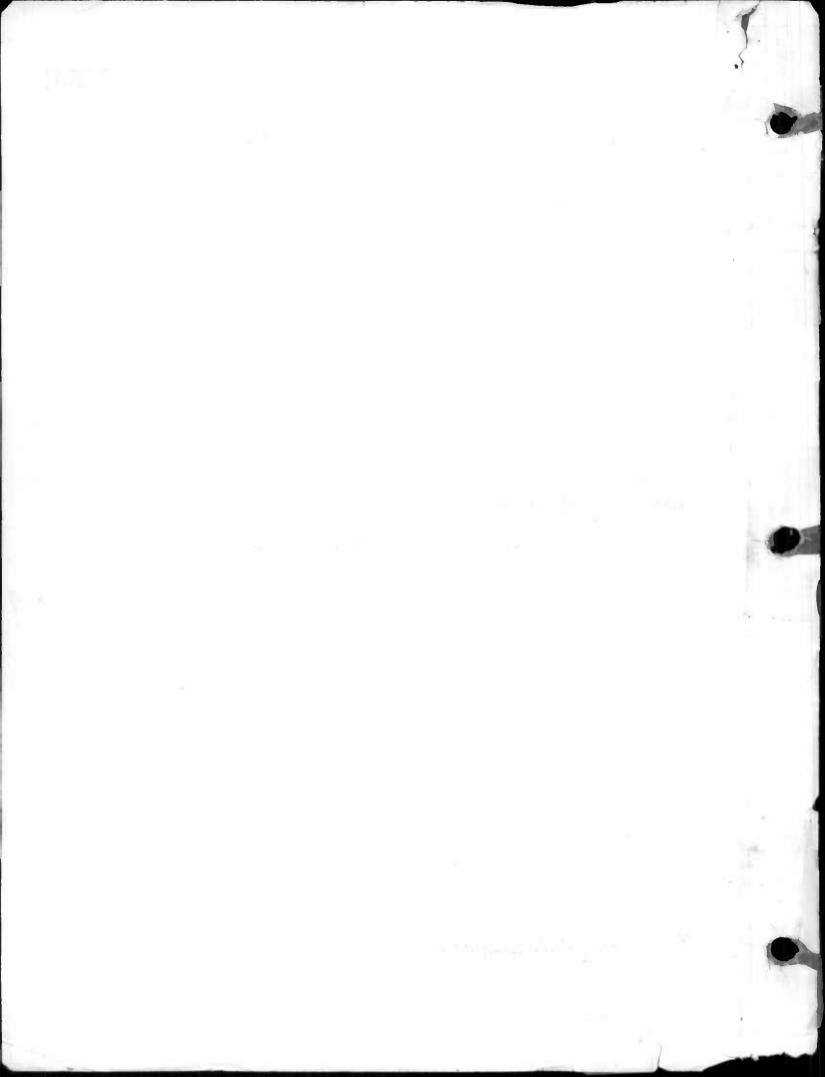
LAND 21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR		CI	ERTIF	CATE C	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	t)				· -	2. DATI	E OF DEATN		YEAR	3. TIME OF DEATH
1	MARTHA O.	JENNINGS					May		990	TEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YE		7 DATE	OF BIRTH			IPLACE (State or Foreign
	218-16-0928	1 □ M 2 XXF	76	YRS.	MONTHS DA	YS HOURS MIN.	ma	th, Day, Year) y 2 19	14	Countr M.	ARYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATN
HECTOR	ANNE ARUNDEL ME	DICAL CENT	ER		ANNA:	POLIS			ANN	VE AI	RUNDEL
4	10e. STATE 10b. COUP	ITY		10c. CITY	, TOWN OR L	DCATION					10d. INSIDE CITY LIMITS?
5	MARYLAND AN	NE ARUNDEL		ANNA	APOLIS						1 YES 2 NO
EMAL	10e. STREET AND NUMBER					10f. ZIP COOE			10g. CITI	ZEN OF V	WHAT COUNTRY?
	21 A LAFAYETTE					21401				S.A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	FEVER IN U.S. AR YES 2XX AR OR DATES	NO NO	If yes	DECENDENT OF HISPA s, specify Cuban, Maxica YES 2 NO Specif	an, Puarlo		or No —	14. RACI Black Speci	E — American Indian, k, Whita, atc. //y: BLACK
3	15. DECEDENT'S E		16a. DE	CEDENT'S	USUAL OCCU	PATION	16	b. KIND OF BUS	INESS/IND	USTRY	BLACK
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+	- Biden	Do NOT us	e retired.)	g most of working	S	UNSHIN	F T.ΔT	INDE	v
[ASSIS	STANT	MANAGER		CHOHIM		JIIDI.	
3	17. FATNER'S NAME (First, Middle, Last)		,			18. MOTNER'S NA	AME (First,	Middle, Maiden	Sumame)		
20	JOHN W. JENNINGS					MARTHA	JOHN	ISON			
5	19a. INFORMANT'S NAME (Type/Print)		19			reet and Number or Rural					03.400
	JOHN E. JENNING	<u>S</u>	-			NNAPOLIS R	CAD				
	20a. METNOD OF DISPOSITION 1, Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	other pi	lace)		of cemetery, crematory or			CATION -		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		MT. I	ABOR		CHURCH CEM					ELD, MD.
	21. SIGNATORE OF TOTAL SERVICE	el D			22. NAW	E AND ADDRESS OF FA	CILITY &	SZI WES	1 51.	21	NAPOLIS, MD.
	Jarry A	1 Kees	e_		WIL	LIAM REESE	1 & S	ONS MO	RTUAI	RY,	P.A.
	23. PART i. Enter the disease, of ahock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	se on aach ilne	tic	colo	n Cauc		Total or reap	ratory arr	reat,	Approximate interval Between Onset and Death
_		- 6									İ
HILICALION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):			_			
5	cause. Entar UNDERLYING CAUSE (Disease or injury	C									
	that initiated evants resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):						
υШ	resulting in death) Exer	_ d		_							
AL C	PART il. Other aignificant condit	ons contributing to	death but not	reaulting	in tha under	lying cause given in	Part i.	24a. WAS AN PERFOR	RMED?	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
			-					1 TYES 2	NO		OF DEATH?
M											1 UYES 3 UNO
AZ	25. WAS CASE REFERRED TO MEDICAL		-			85. PLACE OF DEATH (C	hack only	onel			70 //
	EXAMINER?	HOSPITAL:	FB/Outpatient	3 🗆 🗅	OTHER:						
FITSICIAN	27. MANNER OF OEATH	28a. DATE OF	INJURY	28b. TIM		Nome 5 Residence			NJURY OC	CURED	
M 1 DC NATURAL 5 Pandina (
6	2 Accident investigated 3 Suicide 6 Could not	28a. PLACE O	F INJURY At he	ome, tarm,	street, tectory,	office		CATION (Street a		r or Rural	Route Number,
4 Homicide determined Dunlang, etc. (Specify) 29a. CERTIFIER 1 CERTIFYING DIVISION. To the best of my knowledge death accurred at the time data and size and data and size and data and size and data and size and data.											
2	and any	I The same of the									e) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTI	FIER / / f	0.0.	1.	\wedge	29¢. LICENSE NU	MBER		29d. DAT	E SIGNE	(Month, Glay, Year)
200	-/nouns	in wa	esci	/V · .	リ	10238	6	/	> 3	5/2	9/90.
-	30. NAME AND AGORESS OF PERSON THOMAS WALLS	H 269	SE OF BEATH (ITE	EM 27) (Type UHU	lu Fa	arın Rd	A	evoil	N	ld	21012
Ì	31 MA PLED (North Day Year)	32. REGISTRA	R'S SIGNATURE								



3. TIME OF DEATH

10d. (NSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indian, Black, White, etc.

MD

21401

21401

Approximate

Interval Between **Onset and Deeth**

Specify: White

8. BIRTHPLACE (State or Foreign Tennessee

,Annapolis,MD

10g. CITtZEN OF WHAT COUNTRY? U.S.A.

FUNERAL DIRECTOR

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TO THE FUNERAL OF TO THE FUNERAL OF THE MATHER TO THE MATHER TO THE IMPORTANT: If It

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 IMMEDIATE CAUSE (Finel

diaeese or condition resulting in death)

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL OIRECTOR; After this certificate has been signed by the attending physician and completely (Med within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, o
A	35
F	35
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I	正多

	1 - STATE OF MARYLI			HEALTH AND	MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last) Nancy Ruth JA	MES			2. DATE OF DEATH DATE OF DAT	8 90°	3. TIME
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1)	In yrs. last birthday) ST YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (Sintry)
	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Cent	er	9b. CITY, TOW	n or Location of Di	EATH	9c. COUNTY OF	DEATH
	10a. STATE 10b. COUNTY Maryland Anne Arundel		Annap				10d. tNS LIM 1 X YE
	10a. STREET AND NUMBER Spa Road			10f. ZIP CODE 21401		10g. CITIZEN O	
	11. MARITAL STATUS 1 Never Married 2 M Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D/J	2 1 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxico YES 2 NO Specif		Sp	ACE — Ameri leck, White, e pecify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamantary/Secondary (0-12) Collega (1-4 or 5 +)	life. Do NOT u	work done during se retired.)			SINESS/INDUSTRY	r
	17. FATHER'S NAME (First, Middle, Last)	Home	maker	16. MOTHER'S NA	Home ME (First, Middle, Maiden	Surname)	
	Zeb Wright				an Shelt		
	19a. INFORMANT'S NAME (Type/Print) Francis H. James	100 000		t Beach	Road, An	m, State, Zip Code) napoli:	
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from Stata	other place)		emetery, cremetory or		napoli:	
	21/ SIGNATURE OF FUNERAL SERVICE LUTENBEE	/	Tay	lor Fune	ral Chap	el	
1	23. PART I. Enter the disaasas, or complications that causac	tha death. Do	147		ter St.,		11S 1

Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events reaulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED

1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building. atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and dua to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the beşia of axamination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and menner as stated.

Λ					
296 STONATURE AND TITLE OF GERTIFIER	eins _	29c. LIÇENSE NUMBER	29d. DATE SIGNED	Monto, Day	16er)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ahock, or heart fellure. List only one ceuse on each line.

205 RIDGELY AUR ANNAPACIS HOWARD (30LOSTEIX

32. REGISTRAR'S SIGNATURE MAY 31

OHMH-16 Rev 1/89

was the same of th

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

STATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)		141			2. DATE OF DEATH		3. TIME OF DEATH
JOSEPH	NORMAN JOHNSO	M			May 2	4,1990	12:54 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)
217-26-3878	1 XM 2 - F	2 YRS. MO	HTHS DAYS	HOURS MIN.	SEPT. 17,		
9a. FACILITY NAME (If not institution, give :	street and number)	96	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	
St. Mary's	Hospital		Leon	nardtown		St.	Mary's
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		Man CITY T	DWN OR LOCAT	ION			10d. INSIDE CITY
		1963		ION			LIMITS?
MD. ST. N	MARY'S CO.	I HOLL	JYWOOD_	ZIP CODE		10a CITIZEN O	1 YES 2 NO
			101.			U.S	4.540.000.000
RT. 3. BOX 209	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	20636	IIC ORIGIN? (Specify Yes		****
1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, spe		n, Puerto Ricen, etc.)	1.7	ACE American Indian, lack, White, etc.
3 Widowed 4 Divorced	IF TES, GIVE WAT ON D	AT ES	1 1 163	2 M NO Specify			VHITE
15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DECEDENT'S USI			16b. KIND OF BUS	SINESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma. Do NOT use re	stired.)	st or working			
6TH. GRADE		PLANT FO	REMAN		ASPHAL	T COMPA	NY
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
JOHN NORMAN JOHN	ISON			QUEENII	E MAE BOWL	ES	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code;	
GLADYS L. JOHNSO	NN	RT. 3,	BOX 2	09, HOLL	YWOOD, MD.		
20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ren		other place)	ON (Name of cert	netery, crematory or	20c, LO	CATION City o	r Town, Stata
4 🗋 Donation 5 🗆 Other (Specify)		ST. JOHNS				LLYWOOD	, MD.
21. SIGNATURE OF FUNERAL SERVICE L	01/1 0		MATT	INGLEY-G	ARDINER FU	NERAL H	IOME, P.A.
Michael K	Lardine		P.O.	BOX 270	, LEONARDI	OWN, ME	20650
23. PART I. Enter the diseases, or			antar tha mo	de of dying, suc	h aa cardiac or reap	iratory arreat,	Approximata interval Between
IMMEDIATE CAUSE (Final	. List only one cause on e					,	Onset and Death
disease or condition resulting in death)	a. Carum DUE TO (OR AS	a helt	Lun	with	netas	toses	
reauting in deatily	DUE TO (OR AS	CONSEQUENCE OF):	1	1			
AND COLUMN ASSESSMENT	b	,		9			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):					
CAUSE (Disease or injury	C				_		
that initiated events resulting in death) LAST	DUE TO (OR AS /	CONSEQUENCE OF):					
Total ding in deadily Cast	d						
PART ii. Other significant condition	ons contributing to death i	out not resulting in	the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
AS-					PERFO	10	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						70	OF DEATH? 1 ☐ YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26. PI	LACE OF DEATH (Ch	neck only one)		
EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME (OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
1 distural 5 Pending Investigation	(Month, Day, Year)	INJUR		YES 2 NO			
2 Accident Suicide 6 Could not be	28e. PLACE OF INJUR	f — At home, farm, stre	et, factory, offic	:0	261. LOCATION (Street	and Number or Au	iral Route Number,
4 Homicide determined	building, etc. (Spe	Cay/			City or Town, State	,	
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	riados, desth occurred	at the time date	and place, and due	to the causals) and ma	Oner as stated	
CONSCIN ONLY	VER: On the basis of examination						rse(a) and manner es stated.
29b. SIGNATURE AND TITLE OF DERTIFI				29c. LICENSE NU			
APA SIGNATURE AND THILE OF DENTIFY) /99	/ 7	ZVQ. DATE SIG	NED (Month, Day, Year)
36. NAME AND ARDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH OTEM 27 Change Of	riot)	0/77	//	1-5,	125/40
				d 20650			,
James C. Boyd.	32. REGISTRAR'S SIG	MATURE,	TOTATON	u 20050			
MAY 2 9 '90	M.D Leon 32. REGISTRAR'S SIGN Julia Davidson	Mandell					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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DHMH-16 Rav 1/89

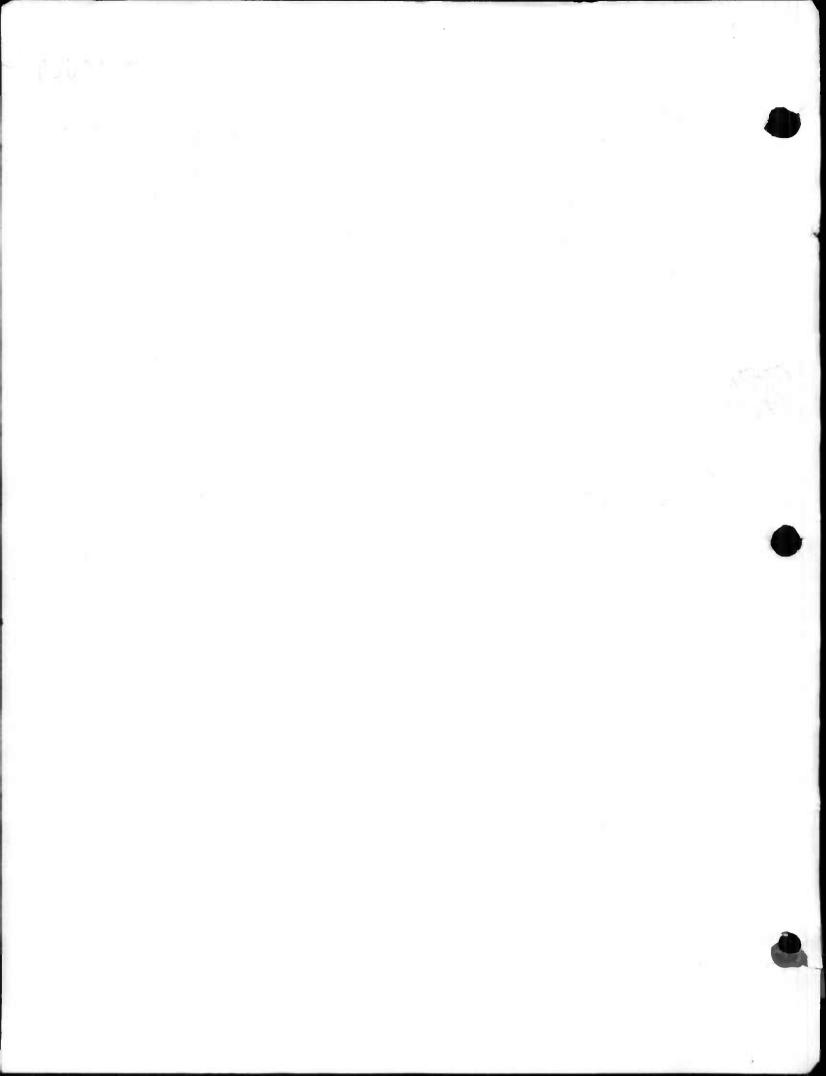
21203-3146

BALTIMORE, M

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DIVISION OF VITAL RECORDS, P.O. BOX 13149,	ate	myst	1
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page free within 72 hours after death with the State Dept. of Health and Memal Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be m

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	* REGISTRAR			ERIIF	ICALE	: Or	DEA		F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Luther J	unior		SON				2. DATE OF MONTH	DEATH DAY	•	YEAR	TIME OF DEATH
	LUTHER						1		JUN				
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs.		IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF (Month, De	sy, Year)		Country)	ACE (State or Foreign
		1 🖾 M 2 🗌 F	68	YRS.	RS.			Augus	st 31			orth Caro	
	9a. FACILITY NAME (If not institution, give s					,	OR LOCATI		ATH			TY OF DEA	
DINECTOR	Washington Count	y Hospital	L]]	Hage	ersto	wn			Wash	ningto	on
5	RESIDENCE OF DECEDENT												
	10a. STATE 10b. COUNTY				Y, TOWN C							- 1	Dd. INSIDE CITY LIMITS?
5	Maryland Washington				Hage:	rst	own					1	YES 2 NO
	10e. STREET AND NUMBER					10	of. ZIP COD	E			10g. CITIZ	EN OF WHA	AT COUNTRY?
DI I ONEHUE	2402 Reedy Parkw	ay					21740				US	SA	
	11. MARITAL STATUS	12. WAS DECEDENT							IIC ORIGIN? (S		or No-	14. RACE -	- American Indian, White, etc.
·	1 Never Married 2 Married	FORCES? 1 X		NO			pecify Cuba S 2 ☑ NO		n, Puerto Rica	n, atc.)		Specify:	WINTE, SIG.
	3 Widowed 4 Divorced						20				- 1	whi	te
	15. DECEDENT'S EDU		16a,	DECEDENT'S	USUAL O	CCUPAT	ION		16b. KI	ND OF BUS	INESS/IND	USTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u	se retired.)	gunng m	TOST OF WORK	ng					
1	6		a	admini	stra	tor			re	etail	food	l sal	es
	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd	lle, Maiden S	Sumame)		
	Luther Derick Jo	hnson					200		d 01a				
	19a. INFORMANT'S NAME (Type/Print)			10h MAH 1917	ADDRESS	S (Street			Route Number,		State 7in	Codel	
	Margie Lee Johnson												21740
-		011	_						- SCIDI	,			
	20a. METHOD OF DISPOSITION 1 [XBurial 2] Cremation 3] Rem	ioval from State	20b. PLA	CE OF DISPO	SITION (No	me of c	emetery, cre	matory or				City or Town	
-	1 XBurial 2 Cremation 3 Removal from State Rest Haven Cemetery Hagerstown,							JWII,	Maryiand				
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22 M	MANE	AND ADDRE	SS OF FA	CATY HON	4E			
	SCATT)	Nun	n	0							gers	town.	Md. 2174
4													
-1	23. PART I. Entar the diseases, or shock, or heart failure.				not antar	tha m	loga Di gy	ing, suc	n as cardia	c or respi	ratury arr	est,	Approximata Interval Between
-1	IMMEDIATE CAUSE (Final												
- 1	disease or condition resulting in death)	. CERE	BRO	VMS	CU	LA	7	ACC	LDE	VT			3 2HY
	resulting in death) a. CENEBRO VMSCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF):												
:	OMalla llas acadillas	b											ļ
2	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
	Cause. Enter UNDERLYING CAUSE (Disease or Injury												
	that initiated events	DUE TO (C	OR AS A CON	SEQUENCE C	F):								
	resulting in death) LAST	d											
									I .			1	<u> </u>
	PART II. Other significant condition	ns contributing to d	eath but no	ot resulting	In tha u	ndariyi	ng cause	given in	Part I. 2	Na. WAS AN PERFOR			VERE AUTOPSY FINDING WAILABLE PRIOR TO
	NONS	<u> </u>							1	YES 2	ANO		COMPLETION OF CAUSE OF DEATH?
												1	YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL					26.	PLACE OF	DEATH (C/	heck only one)				
	EXAMINER? 1 YES 2 DHO	HOSPURAL:	ED/Out	2 🗆 200	OTHE	R:				D			
	27. MANNER OF DEATH	28a. DATE OF II		28b. Til	_	_	NJURY AT	#ERICIONICO	6 Other (S		NJURY OC	CURED	
	1 Datural 5 Pending	(Month, Day		IN IN	JURY	٧	WORK?	□ No	Edu. DEGC				
	2 Accident Investigation	00. 7/ 107 77	IAL III LIBOR	11	-			_ 40	000 100:-	man de-	and AL .		And March and
	3 Suicide S Could not be	28a. PLACE OF building, a	INJURY — Att. (Specify)	t nome, farm,	street, fac	πory, of	TICA		28t. LOCATI City or	ION (Street a Town, State)	ena Number	or Hural Flo	ure Number,
	- Intrincipe determined								l				
	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of n	ny knowledge	, deeth occur	red at the	time, da	ata and plac	a, and du	e to the cause	(a) and mar	nner as stat	led.	
	one) 2 MEDICAL EXAMIN	ER: On the basis of ext	mination and	Vor Investigat	ion, in my	opinion	, death occ	ured at the	time, date ar	nd place, an	d due to th	ne cause(a)	and manner as stated.
					- 111 20								
	29b. SIGNATURE AND TITLE OF CERTIFIE	11		อ				CENSE NU					Month, Day, Year)
	Mary //rt	ohn!	MIS				1)0	110	40		10	6-0	4-90
	30. NAME AND ADDRESS OF PERSON W			(ITEM 27) (Typ	e, Print)								4-90 ymp
	BARRY M.	colten,	339	E.	MU	7/6	711	5	7. 11	moe	KST	van	mp
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF		RE					/	100			
	MIN 0 - '00	10.	٠. مع	-									



permit. Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 must after deline	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled and the funeral	ourial, crematio	
rtificate be exe	ig physician an	liene prior to the	
the death ce	y the attendin	id Mental Hyg	
requires that	en signed by	of Health an	
N: The law	icate has be	State Dept.	
BHYSICIA	er this certif	th with the	
R ATTENDIN	RECTOR: Aft.	urs after dea	
HOSPITM, D	FUNERAL DI	within 72 ho	
THE CL	TO THE	be filed	

8-10-90 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH JOLIET Mabel Agnes 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 □ M 2 √ F VRS 14,1913 Pennsylvania 293-10-0815 July 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TYPS 2 NO Maryland Washington Hagerstown 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10t. ZIP CODE FUNERAL 21740 USA Spring Valley Circle 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 It ves. specify Cuben, Mexicen, Puerlo Rican, etc.) 27 NO 1 Never Merried 2 Merried 1 TYES 2 TO NO Specify BY 3 🕅 Widowed 4 🗌 Divorced white 8 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ET Flementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 6 housewife once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at Matilda Regina McBride Thomas Jefferson McLafferty BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Spring Valley Dr., Hagerstown, Md. 21740 Christopher Joliet 20e. METHOO OF DISPOSITION
1 Sturiet 2 Crametion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Rose Hill Cemetery Hagerstown, Maryland 22. NAME AND ADDRESS OF FACILITY
MINNICH FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 415 E. Wilson Blvd., Hagerstown, Md. 21740 Immed 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory streat, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 3 disease or condition_ days resulting in deeth) CERTIFICATION Sequentielly list conditions, If any, leeding to Immediate ceuse. Enter UNDERLYING heroscler CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? shows any 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Ee HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 0 27. MANNER OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural is marked, 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated. (Check only one) MPORTANT: If 29c, LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIE BE mo W 10 2 30. NAME AND ADDRESS OF PERSON Y 10 COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day 10 4

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32. REGISTRAR'S SIGNATURE
Andala
Javidson-Randala

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intending physician.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Aus after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoules	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified	ĺ
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	JOSEPH KI	ISHA JUHI	NSUN	MONTH DEATH OF	1 3/90 P	3. TIME OF DESCRIPTION			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	s. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Counts	IPLACE (State or Foreign y)			
	9e. FACILITY NAME (If not institution, give street and number)		TOWN OR LOCATION OF DE	07-14-07	9c. COUNTY OF D	ryland			
DIRECTOR	Brooke Grove Nursing Home Olney Montgomery								
REC	10e. STATE 10b. COUNTY	10c. CITY, TOWN C				10d. INSIDE CITY LIMITS?			
	Maryland Howard	High	Land		10- CITIZEN OF N	1 YES 2 NO			
FUNERAL	13249 Route 108		20777		10g. CITIZEN OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO I	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica I YES 2 NO Specify	n, Puerto Rican, atc.)	Yea or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work done of the Do NOT use retired.)	CCUPATION during most of working	SINESS/INDUSTRY	ESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) UNKnown	Plumber		ing & H	& Heating				
BE COI	17. FATHER'S NAME (First, Middle, Lest) Howard Johnso	n	18. MOTHER'S NA Berth	ME (First, Middle, Maiden 2	Surname) Smith				
70	19a. INFORMANT'S NAME (Type/Print) Eva A. Johnson		S (Street and Number or Rural oute 108,			777			
	20e. METHOD OF DISPOSITION MO Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ner place)	emetery	ocation - City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NAME AND ADDRESS OF FA	CILITY	Funera				
	MO0535 Ellicott City, Maryland 21043								
	23. PART I. Enter the diseeses, or complications that caused the shock, or heart failure. Liet only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO	- RESP	ths mode of dying, such			Approximate Interval Batwean Onset and Death			
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	MISEQUENCE DEV		SPFIC BOSIS		1 3WK5			
: MEDICAL	PART II. Other significant conditions contributing to death but to the contribution of	NSUFF	nderlying cause given in	Pert I. 24s. WAS AN PERFOR	MED?	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ОТНЕ	28. PLACE OF DEATH (C)	neck only one)					
HYSI	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetie 27. MANNER OF DEATH 28e. DATE OF INJURY	nt 3 DOA Nul	zing Home 5 - Residence	8 Other (Specify)	NJURY OCCURED				
ВУ РІ	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?	COST HE COST INCOME.					
ETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street, fac	tory, office	28f. LOCATION (Street City or Town, State)		Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and the control of					e) end menner as stated.			
8	266. SIGNATURE AND TITLE OF CERTIFIER	CPR	DO C	MBER 6406	29d. DATE SIGNED	3/90			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH DONALD E. LEWIS	(ITEM 27) (Type, Print)	DLH	= 4, M.	dZo	832			
	31. DATE FILED (Month, Day, 1607) MAY 16 '90 32. REGISTRAN'S SIGNATU Funa Dave	dien-Randall	and .						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithed

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
	EDWARD ICENWETH TOOMS MAX 27/190 11, 45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birindey) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 4 - 14 - 877 M M 2 F YRS. 8. AGE (In yrs. lest birindey) 4. SOCIAL SECURITY NUMBER 5. SEX 9 YRS. 8. AGE (In yrs. lest birindey) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 2 - 7 - 10 8. BIRTHPLACE (State or Foreign Country) 1 M A P / LA M							
TOR	9a. FACILITY NAME (If not institution, give street and number) 4400 RVG6 LES RD. TANEYTOWN CARPOLL							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 U K W 1							
	104. STREET AND NUMBER 104. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?							
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 1 PSS, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, etc. 15. YES, GIVE WAR OR DATES 16. YES, GIVE WAR OR DATES							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY							
OMP	17. FATHER'S NAME (First, Middle, Lest) NOUD NORKED CARDENTER 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE	GEORGE KODNS EID WA OTTO 198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) TAWEYTON							
	C. VIOLA ROONS 4400 RUGGLES ROO. MD 2178							
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or QEM, 20c. LOCATION - City or Town, State other place) TRUNTY LLTHERAN TANKY TOWN.							
	22. NAME AND ADDRESS OF FACILITY PULL JUST 1 22. NAME AND ADDRESS OF FACILITY 1. TTAKES TO A 1. TTAKES TO							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Death							
NOI	Sequentially list conditions, If any, leading to immediate b. Non-Noda kins Lymphoma Due to (or as a consequence of):							
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.							
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
MEDICAL	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO							
AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SICI	28. PLACE OF DEATH (Check only one)							
PHYSICIAN: ME	27. MANNER OF DEATH 28a. QATE OF INJURY (Month, Day, Year) 1 Netural 5 Pending A A A A A A A A A A A A A A A A A A A							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined Set. (Specify) 4 Homicide Set Could not be detarmined Set. (Specify) 28a. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLES On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
	2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, date and place, and dus to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. Date Signed (Month, Day, Year)							
TO BE	11/Mile A dissol MO-037694. & May 22, 1990							
	Marc Hirsh no. Hanover General Norpital							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MRY 22, 1990 I '90 Lulia, Savidson-Randale.							

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DALLIMORE, MARTLAND	ers after death. Page 6 may be retained by the hosp	and in by the funeral director, page 5 should be detached	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the completely filled in by the funeral director, page 5 should be detached the completely filled to the complete of th	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	- STATE STATE ARGISTRAR		MENT OF H		MENIA	REG. NO.	Ŀ			
	1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH		3.	. TIME OF DEATH	
	William LEVERETTE	KAh	100		MONT	H 2	7 6	YEAR	9:45 M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS	46.4	OF BIRTH			ACE (State or Foreign	
	224-52-28/5 1 DM2 DF	8/ YRS.	MONTHS DAYS	HOURS MIN	. Q	n, Day, Year)	908	ROA	NOKE VA.	
	9s. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN O	R LOCATION OF	DEATH	-	9c. COUN	TY OF DEAT	TH	
S S	CHARIATTE HALL VETE	RNS HOME	CI	JARIAHE	HAII		5	T	MARY'S	
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY			ZIK JETTE	2 / 12/11				100-10	
尼	Δ		TOWN OR LOCAT						Dd. #NSIDE CITY LIMITS2	
	MU Anne Arundel	B	nnapol	ZIP CODE		44	1 10 0		□ YES 2 □ NO	
RA	700 Americana Drive		101	2140	2		10g. CI112	EN-OF WHI	AT COUNTRY?	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER	NIIS ADMED	12 WAS DEC	ENDENT OF HIS		12 /Paratha Van	ar No.	U,	- American Indian.	
	1 Never Merried 2 Married FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Mex	kican, Puerto		0 NO	Black, V	White, atc.	
ВҰ	3 Wildowed 4 Divorced 1929-195		1 1 1 168	2 NO Sp	еспу:			Specify:	WHITE	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	ISUAL OCCUPATIO	ON at working	16b	. KIND OF BU	SINESS/INDU	ISTRY		
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	retired.)	st or working						
MP	5 +	Milit	ary	1.		Defe	ense		."00	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First,	Middle, Malden	Sumame)			
BE	Elijah Henry Kabler			Etn	a M.	Level	rette	;		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Ru	rel Route Num	ber, City or Tow	n, State, Zip	Code)		
-	Patricia T. Kabler					Annar	olis	MI	21403	
- 1	1 Burial 2 Cremation 3 Removal from State	b. PLACE OF DISPOSI other place)					CATION — C			
	4 Donation 6 Other (Specify)	Metropo				Ale	exand	ria,	VA	
- 1	21. SHOWNTHIS OF RUNERAL BERRICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401									
- 3	VIODUX A. Jay	leor	147	Glouc	ester	St.	Anna	poli		
	23. PART I. Enter the disease, or complications that cause	the death. Do no	ot anter the mo	da of dying, s	uch aa can	diac or reap	iratory arre	at,	Approximate	
	shock, or hasnt failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final									
-	disesse or condition resulting in death)	EIMER!	5 DIS	EAS8						
	DUE TO (OR AS	A CONSEQUENCE OF						_		
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CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING	A CONSEQUENCE OF)):							
	CAUSE (Disease or injury	A CONSEQUENCE OF):							
E	that initiated events resulting in death) LAST	,	,-							
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ICAL	PART II. Other significent conditione contributing to death	but not resulting in	tha undariying	g cause given	in Part i.	24a. WAS AN PERFO			YERE AUTOPSY FINDINGS	
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL OTHER:	ACE OF DEATH	(Check only o	ne)				
YS	1 YES 2 NO 1 Inpetient 2 ER/Ou		4 - Nursing Hom							
	27. MANNER OF DEATH 1 Natural 6 Pending 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WO	RK?	26d. DE	SCRIBE HOW	INJURY OCC	URED		
B	2 Accident Investigation			rES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	IY — At home, farm, at ecify)	treet, factory, offic		261, LOC C/ty	ATION (Street or Town, State)	and Number ()	or Rurel Rou	ite Number,	
E	One OFFICER									
AP.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno									
COMPLETED	2 MEDICAL EXAMINEN: On the besis of examinati	on and/or investigation	ı, in my opinion, d	eath occured at	the time, date	and place, ar	nd due to the	cause(a) a	and menner as stated.	
BE	296. SIGNATURE AND TYPLE OF CENTRISH			29c, LICENSE	NUMBER	0	29d, DATE	SIONED (N	fonth, Day, Year)	
5	for H Merger my	FATOL OFFICE OF THE	H.C.	20	6370	1	13	127	190	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type.	Print)							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE								
	MAY 3 1 1990 Sulie Saidson	-								
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	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burits after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last	1)			ICATE O	DEAL		DATE OF DE	EATH DAY	YE	3. 1	TIME OF DEA	тн
	RUTH				KING			5	26	90) 9	:24	P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		MONTHS DAY	- I	MIN.	(Month, Day,	Year)		Country)	CE (State or I	oreign
	217-60-8038	1 M 2 XF	35	YRS.					21,1955	955 NEW YORK			
œ	9a. FACILITY NAME (If not institution, give					woorlocation La_Pla		1	90.0				
힏	Physician's M	emorial			I	Char			rles		_		
DIRECTO	10e. STATE 10b. COUN	ITY		10c. Cl1	TY, TOWN OR LO	CATION					10d	I. INSIDE CIT	γ
5	NONE NO	NE		WAS	HINGTON	V, D.C.						X YES 2	NO
MA	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF WHAT				
Ä	412 37TH STREET									UNITED STATI			
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B⊀	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE	WAR OR DATES		1 "	YES 2 NO	Specify:				Specify:	BLACK	
	15. DECEDENT'S EI (Specify only highest gri				USUAL OCCUP		na .	16b. KIND	OF BUSINESS	S/INDUS			
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MPI	12TH GRADE	NONE	N	URSE				_	ATE NU		NG		
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2	190, INFORMANT'S NAME (Typo/Print) NANCY SIMPSON				RRTCKET							Δ 220	33
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, St											,,,	
	20b. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removel from State 4 Donation 6 Other (Specify)												
	4 Donation 6 Other (Specify) ST. CHARLES CEMETERY GLYMONI, MARYLE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
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32. REGISTRAR'S SIGNATURE
Achia Savidson Randelle OHMH-18 Rev 1/89

111 Penn Street

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may are	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the state bebt, or result and mental hydrere prior to burial, contract, or removal
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND ME OF DEATH	IENTAL HYGIENI REG. NO.	E	
į	1. DECEDENT'S NAME (First, Middle, Last)	I E.	Keen	'er	2. DATE OF OEATN DAY		
	4. SOCIAL SECURITY NUMBER 705-09-7666 2	5. SEX 6. AGE (In yrs. lest		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year) 7-28-1905	8. B	IRTNPLACE (State or Foreign our W
DR.	90. FACILITY NAME (If not institution, give s	11:11	96. ci Cum	ty, town or Location of DE berland	ATH	Allega	of DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Allega	Y	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 NO
RAL D	10e. STREET AND NUMBER 10 Blackiston Ave		000.000	101. ZIP CODE 21502		10g. CITIZEN USA	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEOENT EVER IN USE, ARE FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxican 1 YES 2 NO Specify	, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gh		occupation se during most of working onductor	B & O Ra		
	JOHN A. Keener			sarahewin	ME (First Middle, Meiden	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Bessie Keene	r 10 ¹⁹⁶	MAILING ADDRI Blackis	ess (Street and Number or Rural F ton Avenue Cu	mberland,	MD 215	ů2
	Ope. METHOD OF OISPOSITION 1	10val from State Wester	of disposition Chapel	(Name of cemetery, crematory or Cemetery	Point	CATION — CITY S, WV	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	3 6	Carperin Fund umberland, MD	7a1 Home 21502		
	23. PARY I. Enter the diseases, or	List only one cause on each line	estre	hearfur		ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONSEC					
AL	PART II. Other significant condition	ns contributing to death but not r	resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR	RNED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	071	28. PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN: MEDIC	1 VES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	ED
red BY	3 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, stc. (Specify)		1 123 2 10	281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
COMPLETED	(Check only	SICIAN: To the best of my knowledge, de IER: On the basis of examination and/or					ause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mus r	10	29c. HCENSE NU	MBER / 9 8 1	29d. DATE SI	ANED (Morith, Day, Year)
70	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATN (ITE	EM 27) (Type, Bilint)	HLEY ST	Curi	SEKL	AND, Nd.
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE					

DHMN-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bullad-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) 90

2	1 - STATE REGISTRAR		STATE OF MAR	RYLAND	/ DEPARTA	MENT OF H	IEALTH AND N		YGIENE EG. NO.) (10011
	1. DECEDENT'S NAME (First,	Middle, Last)					1	2. DATE OF D	EATH			TIME OF DEATH
ŭ.	YOSHIO		KAMITA					MAY	29 DAY	1990		7:17 a.m.
w.	4. SOCIAL SECURITY NUMB			AGE (In yrs.	last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF B	IRTH	6. BI	RTHPLAC	CE (State or Foreign
-	118-26-61	16	120 M 2 🗆 F	69	YRS. MO	NTHS DAYS	HOURS MIN.	3/1/2			untry) Cali	fornia
>	9e. FACILITY NAME (If not in:		Α	03	98	. CITY, TOWN	OR LOCATION OF DE			COUNTY O		
	JOHNS HOR					BALTIM	ORE CITY		l R	AT.TTM	ORE	CITY
CLOH	RESIDENCE OF DEC		1001 1171							TILL 41.		
H H	10a, STATE	10b. COUNTY				OWN OR LOCA	TION				10d	I. INSIDE CITY LIMITS?
DIR	Maryland	На	arford		Abe	rdeen						YES 2 NO
AL	10e. STREET AND NUMBER					10	1. ZIP CODE		101	g. CITIZEN C	F WHAT	COUNTRY?
FUNERAL	240 0	racefo	ord Drive				21001			U.S.		
5	11. MARITAL STATUS		12. WAS DECEDENT EV FORCES? 1 🔀				CENDENT OF HISPAN			10- 14. R	ACE - A	American Indian, hite, etc.
BY	1 Never Married 2XXX 3 Wildowed 4 Divo		IF YES, GIVE WAR				2 XNO Specify		,,	s	pecify:	i ontol
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ETED	15. DEC (Specify only	EDENT'S EDUC y highest grade	completed)	16a.	OECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATI done during m	ON ost of working	16b. KIN	D OF BUSINES	SS/INDUSTR	I.Y	
۳	Elementary/Secondary (0	0-12)	College (1-4 or 5+)						J.S. G	ort		
COMPL	12	44.00 1 - 0	4	[/]	echanic	ar Eng	18. MOTHER'S NAI					
	17. FATHER'S NAME (First, M							ni Haya		erre)		
BE	Tokuichi		a	-	40h MAII ING AG	ADDECC (Street	and Number or Rural F			ete Zin Code	1	
2	Kimiko Kan	41.01.000					d Drive,				, 1001	1
	20s. METHOD OF DISPOSIT			20b PLA			metery, crematory or	ADCIG	20c. LOCATE			
	1 Burlal 2 Crematic	on 3 🗆 Rem	oval from State	othe	A. Fe				West			CONT.
	21, SIGNATURE OF FUNDINA	_	SISEE	I R.	. A. re.		ND ADDRESS OF FA	CILITY	West	- Carca	CCL	, ru.
	Ah.	m /0	Andre			Тат	ring_Car	go Fun	eral E	Tome.	P.A	
	XIEUM	111. 1 /10	Tarring-Cargo Funeral Home, P.A. Aberdeen, Md. 21001-3399									
_		Mr. Ch.	000			L	ruccii, ii	<u> </u>	00. 30	,,,		
-	23. PART I. Entar the d											Approximate Interval Between
		aart fallure.	List only one cause	on each i	ina.	antar the m	oda of dying, auc	h as cardiac	or respirato	ory arrest,		Approximate Interval Between Onset and Death
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32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

m

BALTIMORE, MARKEND 21203-3146	TTENDING PHYSICIAN: The law requires that the death certificate be executed within exmours after death. Page 6 may be arrest of the physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and a sum of the control of the activity of the	after death with the State Dept. or Health and Mental Hydrene prior to Duhau, cremation, or removal.
TIMOF	th. Page 6	eral directo	
BAL	irs after deat	n by the fun	removai.
•	in en mou	ely filled in	nation, or
3146,	ecuted with	nd complete	Dunal, crem
BOX 1	icate be ex	physician a	or noud at
P.O.	leath certif	attending	ntal Hygiel
SION OF VITAL RECORDS, P.O. BOX 13146,	s that the d	ned by the	after death with the State Dept. of Health and Mental Hyglene phor to bunal, cremation, or removal.
REC(w required	been sign	pt. or Hea
VITAL	JAN: The Is	rtificate has	he State De
1 OF	G PHYSIC	er this ce	ith with th
SION	TENDIN	TOR: Aft	after dea

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within serviours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner is

0500 31. DATE FILED (Month, Day, Year)
MAY 2 9 '90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DE CER	PARTMEN TIFICAT				WENTA	L HYGIEN REG. NO.	E	,	10012
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	James Alton Lewis							Mav Mav	27, 19		YEAR 7	1:00 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birti	hday) IF UND	ER 1 YEAR	IF UNDER		7. DATE	OF BIRTH	70	8. BIRTHP	LACE (State or Foreign
	218-16-6992	1 🔀 M 2 🗆 F 7	73 43 Y	RS. MONTHE		HOURS		Oct.	28, 1			and
DR	80. FACILITY NAME (If not institution, give a Box 54 Woodyard R				llar	or locati Is	ON OF DE	AIH		0.00	OMICO	
5	RESIDENCE OF DECEDENT											AND MOIDS OFF
DIRE	Maryland Wico			c. city, town /illar		TION						10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL DIRECTOR	Box 54 Woodyard R	oad			10	2187				USA	IZEN OF WI	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 M Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO AR OR DATES	1:	If yes, s		n, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black, Specify	— American Indian, White, etc. :: White
	15. DECEDENT'S EDU	CATION	16e, DECED	ENT'S USUAL	OCCUPATI	ON		168	b. KIND OF BU	SINESS/INC	DUSTRY	WILLEC
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	Farn	ind of work don NOT use retired I C	e during m .)	ost of worki	ng	A	gricul	.ture		
OM	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Meiden	Surname)		
C	Arlie Lewis					L	illi	e Li	ttleto	n		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRE	SS (Street	and Numbe	r or Rural i	Route Nun	nber, City or Tow	n, State, Zip	code)	
10	Mary C. Lewis		Вох	54 W	oodya	ard R	oad,	Wi1	lards,	Mar	yland	21874
	20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem	and from State	20b. PLACE OF I	DISPOSITION	Name of ce	metery, crei	natory or				City or Tow	•
	4 Donetion 5 Other (Specify)	Ovar Hom State	New I	lôpe C					Will	ards	, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	10	2	Hast	_	Fun	eral	. Home	1997	5	
	23. PART I. Entar tha diseases, or			. Do not ent	er the m	oda of dy	ing, auc	h aa car	rdiac or resp	iratory ar	rest,	Approximata Interval Between
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	. acii		eloc	ydi	r l	lew	Ker	nia_			Onset and Death
NOI	Sequentially list conditions,	b	OR AS A CONSEQUE		0							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEQUE	NCE OF):								
H	resulting in death) LAST	d										
2	PART II. Other algnificant condition	ne contribution to	death but not rea	iting in the	underlyli	na causa	alven in	Part I	24s, WAS AF	ALITOPRY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	LIVER	Farly	ne						PERFO 1 TES			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	000	ОТН		PLACE OF I	DEATH (C)	heck only o	one)			
YSI	1 TES 2 NO		ER/Outpatient 3 🗆				leeldence	Y	ter (Specify)			
ву Рн	27. MANNER OF OEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, De		8b. TIME OF INJURY	W	JURY AT ORK? YES 2	NO	28d. DI	EŞCRIBE HOW	INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined		F INJURY — At home, etc. (Specify)	farm, street,	actory, off	ice			CATION (Street by or Town, State		er or Rural R	oute Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of ER: On the basis of er	Ship of the co			- 10			water product) and manner as stated.
TO BE C	29b. SIGNATURE AND LITLE OF CERTIFIE	80 N	∞			29c. LIC	ENSE NU	05	07	29d. DA	TE SIGNED	(Month, Day, Year)
200	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH JITEM 2	7) (Time Print)								

THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

SALISBUR

CARROLL St

A server of the first

ched for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

spital or attending physician.

3146 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	* REGISTRAR		CE	HILL	ICALE	UF	DEAL	н	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			_					2. DATE OF D	DEATH	Y	YEAR	3. TIME OF OEATH
		CORGE							MDNTH 5	98	~ '	30	10-14
	4. SOCYÁL SECURITY NUMBER 579-18-8497	5. SEX	8. AGE (In yrs. les		IF UNDER 1	YEAR DAYS	HOURS	MIN.	7. DATE OF 8 (Month, Day 09 - 1	HPTH (, Year)		Count	
		1 🔀 M 2 🗌 F	66	YRS.						2 - 19			aryland
~	9s. FACILITY NAME (If not institution, give	treet and number)			9b. CITY, 1	TOWN C	R LOCATIO	N OF DEAT	тн		9c. COL	INTY OF D	PEATH
<u>6</u>	Peninsula General	. Hospital	L		Sa	lis	bury.	MD				Wico	mico
EC	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY
E	MD S	Somerset			Poc	omo	oke						LIMITS?
7	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
ER/	Rt. 1 Box	158					218	51				U.S	.A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT OF	HISPANIC	ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian, k, White, atc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE W	AR OR DATES	io .			2 NO		Puerto Ricar	i, etc.)		Spec	
	15. DECEDENT'S EDU	Navy							1 1000 1000	10.21270			MILLE
1	(Specify only highest grade	completed)	(Gi	ve kind of v Do NOT us	Vork done du le retired.)	uring mo	on st of working	7	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ent					Н.	. u . 🗅	. D.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ER'S NAME	E (First, Middl				
O	George Hend	y Lync	h				St	tell	a M	e e	Go	rdy	
) BE	19s. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS	(Street a	nd Number o	or Rural Ro	ute Number, C	ity or Town	n, State, Zi	ip Code)	
2	Doris S. Wats	son		284	7 St	ock	<ton< td=""><td>Rd.</td><td>Po</td><td>como</td><td>oke</td><td>City</td><td>y, MD 2185</td></ton<>	Rd.	Po	como	oke	City	y, MD 2185
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren	noval from State	20b. PLACE	OF DISPOS	SITION (Nam	ne of cer	netery, crema	atory or		20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other (Specify)	1000 3(216	MI	D Ve	tera	in 's	s Cer	mete	ry	Hι	ırlo	ck,	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE O	2 .				ID ADDRES						
	> B. Kei	ひんした	eppin	,	Во	un	ds Fu	uner	al H	ome	Sal	isbu	ury, MD
	23. PART I. Enter the diseeses, Dr	complications that	coused the de	eth. Do r	not enter t	the mo	de of dyir	ng, such	es cardiec	Dr respi	ratory a	rrest,	Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one caus	se DN eech line	•									interval Between Onset and Death
	disease Dr condition resulting in deeth)	. Live	R	dia	unf	2							1/000
	roading in doonly	~ .			F):								
Z	Sequentielly list conditions,	n 692	NOS	24									400
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
F S	CAUSE (Disease or injury that initiated events	c	(OR AS A CONSEC	DUENCE OF	F):								
E	resulting in deeth) LAST		,		,								
S		d											
EDICAL	PART II. Other significent condition	ne contributing to		1		derlyln	g ceuse g	iven in P	art I. 24	PERFOR		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	(0/9/)	My MACh	NO	747	<u></u>				_ 10	YES 2	NO		COMPLETION DF CAUSE OF DEATH?
													1 TES 2 NO
ä													
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	k only one)				
ΙΥS	1 YES 2 NO 27. MANNEB-OF DEATH	1 Xinpatient 2 26e. DATE OF		DOA 26b, TIM				_	Other (Sp				
4	1 Natural 5 Pending	(Month, De			IURY	28c. INJ W0	PRK?		28d. DESCRI	BE HOW II	NJUHY O	CUHED	
B	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF	F INJURY At ho	me, farm, a	street, facto				26f. LOCATIO	N (Street s	and Numbe	er or Rumal	Route Number,
	4 Homicide 6 Could not be	bullding,	etc. (Specify)			,		Ì		wn, State)			
9	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	an bassilada da	-ab	. 4 . 4 . 4 . 4	- 4.4							
COMPLET	(Check only	ER: On the basis of ex											s) and menner as stated.
	SIGNATURE AND TITLE OF CERTIFIE				15		The market						CONTRACTOR OF THE CONTRACTOR O
BE	SIGNATURE AND TITLE OF CENTIFIE	. / ~	_					NSE NUME 9822			29d. DA	SIGNE	(Month, Day, Year)
2	I THE AND ADDRESS OF PERSON W	10 COMPLETED CALIS	SE OF DEATH (ITE	M 27) /Tvno	Print)						ر ب	10	VILLA
	1	eadow.	6 ~	1,1,1,1,1,1,1	F.(0		sh12	0	~ 7	278	dez Eran
ועו	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	. +->	, 5	BI	BH	NLV.	7111-8	رد	6 3 19	201	By wid
IU	MAY 2 9 '90	galia David	Banda	100									

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1	B	28	П	m
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be maximined by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	icate	physi	le pr	er t
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	ath	ttenc	ta H	1, 00
	the de	the a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	를
	that	Pa De	h and	эпу
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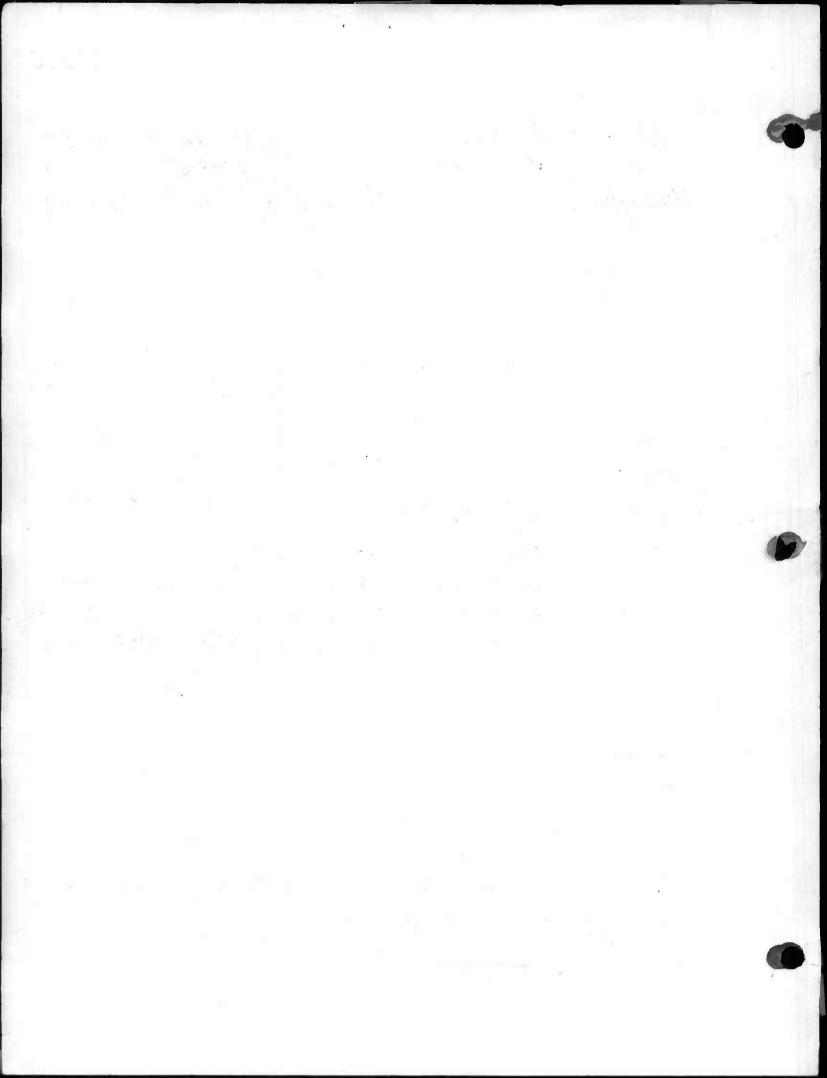
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			YGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Clement Sylv	ester La	angley		2. DATE OF MONTH	DEATH DAY	YEA	3. TIME OF DEATH
	CLEMENT	(C)	Ma la	4		5	29	2	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8. B	IRTHPLACE (State or Foreign ountry)
	220-26-6966 9a. FACILITY NAME (If not Inetitution, give st		5 YRS.	MONTHS DAYS	HOURS MIN.	Oct.	14, 19		Maryland
DIRECTOR	SOUTHERN N	TARY MAID	Haspind	32. G11, 1044 0	Clima		(PRIN	
EC	10a. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN OR LOCAT	ION	_			10d. INSIDE CITY
		Charles	h	Valdorf					1 TYES 2 XHO
BY FUNERAL	100. STREET AND NUMBER 1010 Spruce Stree	:t		10t.	20602	2	10	US	OF WHAT COUNTRY? A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPAN			No- 14. 1	RACE American Indian, Black, White, etc.
Y	1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Maxicas 2 X XO Specify		m, etc.)		white
P B	3 Wildowed 4 Divorced					T			
	15. DECEDENT'S EOU (Specify only highest grade	completed)	(Give kind of life. Do NOT u	WORL OCCUPATION Work done during movement and military.	st of working	16b, Kil	ND OF BUSINE	SS/INDUSTI	RY
-3	Elementary/Secondary (0-12)	College (1-4 or 5+)		nician			US Gov	ernme	nt
CON	17. FATHER'S NAME (First, Middle, Last) William Benedict	Langley			16. MOTHER'S NAI	ME (First, Midd		name)	
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number of Rumi F	Poute Number	City or Town, S	itate. Zlo Cod	n)
2	Margaret G. Langl	ev		Spruce St					-7
	20e. METHOD OF DISPOSITION	206		SITION (Name of cen		21 9 11			or Town, Stata
İ	1 Burial 2 Cremation 3 Rem	oval from State	Cedar Hi	ill Cemet	erv		Suit	land.	Md.
	21. SIGHLTURE OF FUNESTAL SERVICESEN			22. NAME AN	ID AODRESS OF FA			,	
	▶\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	VIII	>		t Funera.			м	20/04 015/
	23. PART I. Enter the discesses, pr	complications the same	the death Do						20604-0156 Approximete
	shock, or heert fellure.	List only one cause on a		not ontal the mo	ar or aying, acc		or tooping.	J., 0.7001,	Interval Between Onset and Daath
	iMMEDIATE CAUSE (Final disease or condition	RES	PIRAT	ORY	FALLU	RC-			Onset and Daatii
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	OF):					
Z	Sequentially list conditions,	B) LAT			EUMON	FILE			
CERTIFICATION	if any, leading to immediata ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	NF):					
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS /	CONSEQUENCE O)F);					
ᇤ	resulting in death) LAST	2							
		u						I	
Ä	PART II. Other aignificant condition		_				PERFORME	D?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
음	ARTERIOSCI RHEUMAT	EROTIC H	EART	DITEH	20	_ 1	YES 2	No	OF DEATH?
PHYSICIAN: MEDIC	KHEUMAT	OIN AR	THRITI	7 -					1 YES 2 NO
ä									
글	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
ΙΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out	patient 3 U DOA		e 5 Residence		ipecify)	IBY OCCUPE	:n
	t Natural 5 Pending	(Month, Day, Year)		JURY WO	YES 2 NO	200. 02.00	IIDE 110W IIIO	JAT 000011	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — At home, farm,			28f. LOCATI	ON (Street and	Number or F	lural Route Number,
밀	4 Homicide 6 Could not be detarmined	building, atc. (Spe	city)			City or	Town, State)		
COMPLETED	29e. CERTIFIER (Check only	ICIAN: To the best of my know	rledge, death occur	red at the time, date	and place, and due	to the cause	(a) and manne	r as stated,	
OM		ER: On the basis of exemination	on and/or investigati	lon, in my opinion, c	leath occured at the	time, data an	d place, and d	lua to the ca	use(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CHROTIES				29c. LICENSE NUI	MBER	2	9d. DATE SK	GNED (Month, Day, Year)
TO B	174	Trem			D130	72		5	30150
	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)					
	31. DATE FILED (Month, Day, 1990)	32. REGISTRAR'S SIGN	ATURE AND A	92.					

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DIVISION OF VITAL RECORDS, F.C. DOX 13149,	INTERPRETED OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	-
3	7	7	5
1	E	ER	1
	18	3	40
	E	H	-
	*	I	-

	FOR STATE OF MA		MENT OF HEALTH AND NEATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Addido, Last) Leske	2. Norberi	ff. Leska	2. DATE OF GEATH DAY	YEAR 1990 0429 AM					
	7 107 9 9 1	. AGE (In yrs. lest birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country) Illinois					
OR	BB. FACILITY NAME IN reginstration, give street and numbers Washington Adventist	9	a. CLY, TOWN OR LOCATION OF DE	EATH Sc. CO	DUNTY OF DEATH					
DIRECTOR	MESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY	10c. CITY, 1	OWN OR LOCATION		10d. INSIDE CIT					
	Haryland Prince George	e La	101. ZIP CODE	1 ☐ YES 2 ☐ NO						
FUNERAL	15716 Hillbrook Lane		20707		SA					
BY	11. MARITAL STATUS 1 Never Merried 2 Werried 3 Widowed 4 Olvorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI		13. WAS DECENDENT OF HISPAN If yes, specky Cuben, Mexice 1 YES 2 THO Specky	n, Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify White					
TED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b. KINO OF BUSINESS/	INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Operat	ons Manager		-Bache Security					
E C0	17. FATHER'S NAME (First, Middle, Last) Paul Leska			ME (First, Middle, Melden Surneme !!rzeszcz	0)					
TO BE	19e. INFORMANT'S NAME (Type/Print) Connie Leska	195, MAILING A 15716	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15715 Hillbrook Lane Laurel, Hary land 20707							
	26e. METHOO OF DISPOSITION 1 ☐ Burlel 2,□, Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)		on (Name of cometery, crematory or Crematory	Laurel	20c. LOCATION — City or Town, State Laurel, Maryland					
,	21, SIGNATURE OF FUNERAL SERVICE LIGENSEE	lan	7601 Sandy Sp	FIECK FUHE	ral Home, Inc. el, Nd 20707					
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to describe the conditions conditions contributing to describe the conditions conditio	PR AS A CONSEQUENCE OF: WYOCA VOLIC OR AS A CONSEQUENCE OF: TY I P & V Death but not resulting in ER/Outpetient 3 DOA NJURY 28b. TIME NJURY NJURY At home, farm, sti ec. (Specify) INJURY and/or investigation	the underlying cause given in 26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 29c. INSURY AT WORK? 1 YES 2 NO set, fectory, office at the time, date and place, end due in my opinion, death occured at the	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO 1 YES 2 NO 26d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Nur City or Yown, State) e to the cause(e) and manner as a time, date and place, and due	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED The provided House Number, Stated.					
7	103/3 Georgia AVR	silver Jpriv	1 / 4 /	d						
	MAY 30 90 Sull Knish	S SIGNATURE	1							
	7753353 GETAL, H 5-15-90 N 0547 10 N/R # 283307	5117 1 -37-35			DHMH-18 Rev 1					



1	•	STATE REGISTRA
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STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		SIMIE OF MI	ARTLAN	CERTIF	ICATE O	F DEA		REG.	NO.		
1. DECEDENT'S NAME (First	Middle, Last)							2. DATE OF DEAT	H DAY	YEAR	3. TIME OF OEATH
SYLVE	STER		LYC	NC				5/23/9		TEAR	1.30PM M
4. SOCIAL SECURITY NUME	ER	5. SEX	B. AGE (in yr	rs. lest birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH	1	8. BIRTH	PLACE (State or Foreign
577-09-0170)	1 M 2 F	80	YRS.	MONTHS DAY	s HOURS	MIN.	Month, Day, Ye. Dec. 29	, 1909	Nor	th Carolina
98. FACILITY NAME (# not in PRINCE GEOR			NTER		96. CITY, TOW CHEVE		ION OF OE	EATH		VCE G	EORGE
RESIDENCE OF DEC	10b. COUNTY			100 017	Y, TOWN OR LO	CATION					10d. INSIDE CITY
		on Cooken			t Pleas					ĺ	LIMITS?
Maryland 100. STREET AND NUMBER	Priche	e George		Sea	L PLEM	10f. ZIP COL	DE .		10a, CI	TIZEN OF Y	WHAT COUNTRY?
114 Canyon 1	Place					207	43		u.	S. A	•
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	Z NO	If yes	specify Cub YES 2 X NO	an, Maxica	HC ORIGIN? (Specif n, Puerto Rican, etc y:	y tea or No	Speci	E — American Indian, t, White, atc. ***** **** **** **** **** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *
	EDENT'S EOUC y highest grade		18	e. DECEDENT'S	USUAL OCCUP	ATION most of work	ina	16b. KIND O	F BUSINESS/II	DUSTRY	
Elementary/Secondary (College (1-4 or 5+)		Ilfe. Do NOT u	se retired.)						
9th Grade			M	lesseng	er				of No		
17. FATHER'S NAME (First, N						-30 50		ME (First, Middle, M. Austin	siden Surname)		
19a. INFORMANT'S NAME (19b. MAILING	ADDRESS (Str	et and Numb	er or Rurel	Route Number, City o	r Town, State, 2	Zip Code)	
Pauline Ly	on			114 C	anyon 1	Pl. S	Seat	Pleasan	, MD 2	20743	
20s, METHOD OF DISPOSIT 1 X Buriel 2 Cremetic 4 Donetion 8 Other	on 3 🗆 Remo	oval from State	Off	LACE OF DISPO			,		andove		
21. SIGNATURE OF FUNERA		ENSEE	5	1				gler Fur	reral 1	lome	
Theoo	love	City	no	kne				, N. E.			
23. PART I. Enter the dehock, or he immediate cause (Fi disease or condition resulting in death)	eart fallure.	List only one caus	CO C	liac)	mode of d	ying, suc	h as cardlec or	respiretory a	errest,	Approximate Interval Batween Onset end Death
Sequentielly list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initieted evente resulting in death) LAS	ing ing	DUE TO (OR AS A CO	ONSEQUENCE O	C) COW	1.	(ia)	ndiom	Mali	Ho	\$
PART II. Other algnific	ant condition	s contributing to	death bu	not resulting	in the under	lying cause	given in	Part I. 24s. W	S AR AUTOPS	y 248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	11/11	los	120	12/101	112111			100	ES 2 PNO		COMPLETION OF CAUSE OF DEATH?
alalai	treile	W.	low	mohile	1	UNIL	are				1 YES 2 NO
200				- 6.	7						
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	8. PLACE OF	DEATH (C)	neck only one)			
1 🗆 YES 2 🗹 NO		1 Inpetient 2	ER/Outpation	ant 3 🗆 DOA		Home 5 🗆	Residence	8 Other (Specific			
	Pending Investigation	28a. DATE OF (Month, Da		28b. TII	JURY	. INJURY AT WORK?	□ NO	28d. DEŞCRIBE I	10W INJURY (CCURED	
2 Accident 3 Suicida 6 4 Homicide	Could not be determined		INJURY — etc. (Specify)	At home, ferm,	street, factory,	offica		28f. LOCATION (S City or Town,		ber or Rural	Route Number,
(Chilck only		CIAN: To the best of									s) and menner se atated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	1001				29c. LI	CENSE NU	MBER	29d. D	ATE SIGNE	0 (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WH		E OF DEAT	H (ITEM 27) (Typ	Print)	1700	11/	Phin	nl.	KID.	2870C
31. DATE FILED (Month, Day	(Year)	32. REGISTRAI			110 74	1000	-	(100)	20.01		
MAY 29'9	0	Julia Davis	bon-R	andell							DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1	FOR STATE REGISTRAR		STATE OF N	IARYLAND / Ce			OF DEA		ENTAL HYGIEN REG. NO	1.11	5-25-9	0 22:3
		1. DECEDENT'S NAME (First,	Middle, Last)		Lee					2. DATE OF DEATH	DAY	MEAD	ME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER t Y		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	3 - 0	/ 0 / -	(State or Foreign
1	Į.		134	1 [D/M 2 F	81	YRS.		AYS HOURS		4 - 17 - 1		Maryla	nd
1		Derchester	-		tal			wn or Locat		TH		NTY OF OEATH	_
16		RESIDENCE OF DEC	EDENT	•							De.	rcheste	
DIRECTOR		Med .	10b. COUNTY	chester			y, town or Cambri					1	NSIDE CITY JMITS? YES 21/2 NO
		10s. STREET AND NUMBER						101. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL			Bex						1648		L.,	USA	
BY FUI		11. MARITAL STATUS 1 Never Married 2 2 3		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If y		an, Mexican,	ORIGIN? (Specify Ye Puarto Rican, atc.)	s or No-	14. RACE — An Black, White Specify:	e, alc.
		15. DEC	EDENT'S EDU				USUAL OCC			16b. KIND OF BU	JSINESS/INC		lack
COMPLETED		(Specify only Elementary/Secondary (0		College (1-4 or 5 -4 Yrs.	·)	Do NOT us	se retired.)	ng most of work	ing				
OM O		17. FATHER'S NAME (First, MI	iddle, Last)				- 31	18. MOT	HER'S NAME	E (First, Middle, Maide	n Surname)		
BEC				Archie T.					ary T	11-3-			
TO BE COM		19a, INFORMANT'S NAME (7) Ninnie Lee		•use)						n. Md. 21		D Code)	
20		20a. METHOD OF DISPOSITI	ION	novel from State	20h PLACE	OF DISPOS	SITION (Name	of comptany or	metory or			City or Town, St	eta
JE THORY	İ	4 Donation 5 Other	(Specify)	-		lene		emeter		Ma	disi	on. Md	21648
event, the medical examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOOO40 22. NAME AND ADDRESS OF FACILITY Beardley F/H 812 Hubbard St. Camb., Md.											
E SOICE		23. PART I. Enter the di shock, or he		complicatione that			not enter th	e mode of dy	ring, such	es cardiac pr res	piratory er		Approximete Interval Between
E	Ì	IMMEDIATE CAUSE (Finel disease or condition Moras Datis LAP6F C.F.(Lum 845 n.s.)									Onset and Death		
event,	ì	resulting in death)		DUE TO	(OR AS A CONSE	QUENCE O	Ð:						2 mo.
NO NO		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)									\$ 1110 ·		
TIFICATION		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
		that initiated events resulting in death) LAS		OUE TO	(OR AS A CONSE	QUENCE O	F):						
		DADT II Ob as a lastina		d								+	
		RENAL FALLURE Renal Failure PERFORMED? COM									ABLE PRIOR TO PLETION OF CAUSE		
MED!				,,,,						1 □ YES	2 K NO		EATH? YES 2 NO
N. A.													
marked, or item 23 shows any BY PHYSICIAN: MEDIC		25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF					
HYS		1 VES 2 NO 27. MANNER OF DEATH		1 N Inpatient 2 E	INJURY	28b, TIM	E OF 2	Ic. INJURY AT		Other (Specify) 28d. DE\$CRIBE HOW	INJURY OC	CURED	
narke 3Y P			Pending investigation	(Month, E	ey, Yoar)	IN.	JURY M	WORK?	□ NO	_			
28 is TED	_		Could not be determined	28e. PLACE C building,	of injury — Al ho etc. (Specify)	ome, farm,	street, factor	, office		28f. LOCATION (Stree City or Town, Stat	t and Numbe	or Rural Route N	lumber,
MPORTANT: If Item 28 is DE COMPLETED		CONSULT ONLY		ER: On the best of a									manner ea stated.
BE C		204, SIGNATURE AND TITLE	OF CERTIFIE	7		- %		29c Ltt	CENSE NUME	BER	29d. DAT	TE SIGNED (Mont	h Day March
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TOB		Muchael 30. NAME AND ADDRESS OF MICHAEL	a. l	Mosks		M 27) (Type	h. Print)	D	-16	609 EN ST.	> 5	5-d5	-90

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BALTIMORE, MARTI

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem-IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

										•		100	1
	FOR STATE REGISTRAR	STATE OF N					EALTH AND I	MENTA	L HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) 6LENN	Ε.	411	N51	44	,	Jr.	2. DAT	OF DEATH	7 98	3.	1915	N
	4. SOCIAL SECURITY NUMBER 312-46-9008	5. SEX	6. AGE (In yrs. lest	VRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	12-	OF BIRTH th, Day, Year) -20-43	· ·	Ind		gn
TOR	9a. FACILITY NAME (If not institution, give at North Arundel Hos RESIDENCE OF DECEMENT						urnie	EATH		9c. COUNTY Anne		∺ ndel Co.	
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN O							d. INSIDE CITY LIMITS?	_
	Indiana Aller 10a STREET AND NUMBER	n County		l F	ort l		. ZIP CODE			10g. CITIZEN		T COUNTRY?	_
ER/	6732 Ludington Di	rive					46816			U.S	Δ		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12 WAS DECEDEN	T EVER IN U.S. ARI YES 2 XH MAR OR DATES	MEO IO		If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxica 2 NO Specify	n, Puarto		or No- 14.	RACE -	American Indian, hita, atc.	
입	15. DECEDENT'S EDUC (Specify only highest grade				USUAL O		ON st of working	16	b. KIND OF BUS				
COMPLETED	Etementary/Secondary (0-12)	College (1-4 or 5	·) ilio.	Do NOT us	se retired.)	-							
MP		2 Years	Mai	nten	ance	Sup	ervisor		<u>abel M</u>		ture	er	
	17. FATHER'S NAME (First, Middle, Last)	Cw					18. MOTHER'S NA			Surname)			
BE	Glenn E. Linsky 19a. INFORMANT'S NAME (Type/Print)	or.	191	MAILING	ADDRESS	S (Street 8)	Geral			n State 7in Co.	ria)	-	
5	Kathy Planck Linsl	< V	100				n Dr. Fo					816	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 🏋 Remo			OF DISPOS			metery, crematory or	111		CATION — City			
	4 Donation 5 Other (Specify)		Gre	en L	awn (For	t Wayn	e,Ir	ndiana	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Brehn				ey Funer					y. S.E.	
	23. PART I. Enter the diseases, or o						-					Approximeta	8
	ahock, or haert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)			ONA	M7	INS	uff	ICIGN	(C)		Interval Bette Onset and I		
	resulting in Gaeth)	F):						-					
NO O	Sequentially list conditions,	Sequentially list conditions, b. ATHE					4000	VA	SCULA	n M	S. CV	96	
AT	If any, leading to Immediate ceuse. Enter UNDERLYING	BET	75	r j.									
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	OUENCE O	,							†	
ERI	resulting in death) LAST	d. [O	BACI	(6	F	V3V	SE						
- 1	PART II. Other algorificant condition	e contributing to	death but not r	asuiting	In the ur	nderlyin	g ceuse givan in	Part 1.	24a. WAS AN		24b. W	ERE AUTOPSY FIND	JINGS
PHYSICIAN: MEDICAL	OBESITY								PERFOR		C	MILABLE PRIOR TO OMPLETION OF CAL	
												FOEATH?)
ä													
CIA	25. WAS CASE RESERRED TO MEDICAL EXAMINENT?	HOSPITAL:			OTHE		LACE OF OEATH (Ch	eck only	one)				
YSI	1 YES 2 NO	1 Inputient 3	ER/Outpatient 3		4 🗆 Nur	sing Horr	ling Home 5 Rasidenca 8 Other (Specify)						
	27. MANNEY OF OEATH 1 Natural 5 Pending	28a. DATE OF (Month, L		28b. TIN	JURY M	WC	JURY AT DRK? YES 2 NO	28d. D	EŞCRIBE HOW I	INJURY OCCUR	EO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (building,	OF INJURY — At ho	F INJURY — At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of									nuse(n) n	nd manner as stat	ted.
ECC	29b. SIGNATURE AND TITLE OF PERTIFIE	R					29c. LICENSE NUI		-			lonth, Day, Year)	
TO BE	16/em	zen	MA		SCA	GGA	033	75	7	1 5	- 2	24-90)
=	30 NAME AND ADDRESS OF PERSON WH	COMBLETED CALL	OF OF DEATH WEEK	M 070 (5m)	Deleta								_

4a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
	1 TES 2 NO

25. WAS CASE RESERRED TO MEDICAL			26. PLACE OF OEATH (Check only one)								
EXAMINENT?		HOSPITAL: 1 Inpatient 2 ER/Outpatient	OSPITAL: OTHER: O								
27. MANNEY OF OEATH 1 Natural 5 2 Accident	S Pending (Month, Day, Year)		28b. TIME (28d. DESCRIBE HOW INJURY OCCURED						
e Destates	8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, office	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						

29a. CERTIFIER	CERTIFYING BUYORGAN, To the head of my bounded and advantage of the Market and Advanta
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
one)	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my policion, death occurred at the time date and place, and due to the course

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PREGISTRARIA SIGNATURE



6, BALTIMORE-19 AND 21203-3146	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 me the recent hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Action to sea as the burial-transit permit. Pages 1, 2, 3 should he filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur he filled within 72 hours after death with the State Deor, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traus

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
	Dorothy	M_{e}	a Lemos	5						05/2	9/90	W	YEAR	1:45 12 11
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (in yrs. i	ast birthday)	IF UNDER			24 HRS.	7. OATE OF (Month, D			8. BIRTH	IPLACE (State or Foreign
	401-28-11	63	1 ☐ M 2 🙀 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	09-1				liana
	9a. FACILITY NAME (If not in:	stitution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF O	
DIRECTOR	Annapolis Conv. Center					Annapolis Anne				ne A	rundel			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR L					R LOCA	rion						10d. INSIDE CITY		
SH C	MD	Anne	Anne Arundel Annapolis										LIMITS?	
	10e. STREET AND NUMBER		101. ZIP CODE						E			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	280 R. Hi	llto	op Lane 21403					3			US	SA		
S	11. MARITAL STATUS		12 WAS DECEDEN	IT EVER IN U.S.	RMED		WAS DEC	ENDENT (OF HISPAN	NC ORIGIN?			14. RACI	E — American Indian, k, White, atc.
BY F	1 Never Merried 2 🔀 3 Wildowed 4 Divo		IF YES, GIVE	YES 2	NO			2 NO		n, Puarto Rici	in, atc.)	- 1	Spec	ify:
			1											White
COMPLETED	(Specify only	EDENT'S EDI highest gred	le completed)		Give kind of te. Do NOT u	work done			ing	16b. Ki	ND OF BUS	SINESS/INC	USTRY	
2	Elamentery/Secondary (0	⊢12)	College (1-4 or 5	+)							TT a		1 2	1
M	1.2 17. FATHER'S NAME (First, M.	iddle Last)		П	ouse	wire		18. MOT	HER'S NA	ME (First, Mide		usel	10T0	
ŏ	Unknown /	. 10	101 B	100	00				knov		11/1/	N	11.0	Phillips
BE	19a. INFORMANT'S NAME (7)		(d. (d.))	7.00	19b. MAILING	ADDRESS	S (Street a			Route Number,	City or Tow	n, State, Zip	Code)	1-1111111
2	Carlos Le	mos			280	R. H	111	top	Lar	ne, A	nnan	olis	. N	ID 21403
	20a. METHOD OF DISPOSIT	ION		20b. PLAC	E OF DISPO							CATION -		
	1 Burial 2x Cramatio	(Specify)	noval from Stata		ro C	rema	tor	·v			Ba 1	timo	ore	, MD
	21. SIGNATURE OF FUNEYA	L SERVICE L	сенуву			22.	NAME A	NO ADDRE	SS OF FA	CILITY				
	* Nat!	16	Who							eral Ave.				MD
	23. PART i. Entar thatd	seass. Dr	complications the	at causad tha	daath. Do							_		MD Approximata
	shock, or h	eart fallure	List only pna ca				,	,	3,					intarval Batwean Onset and Death
	IMMEDIATE CAUSE (Fir diagaaa or condition	nal	Carl	nkin	14	2443	Lin	0.	10	bya	000	Pi 15)_	116.76
	reaulting in death)		a, DUE TO	OR AS A COM	EQUENCE (MM_ OF):	LLU	4	ae	aya	nac			1 4 00105
_			hide	2, mo	Arix	to	4º	/	60	nes, e	Live	v Os	140	13 MOS
2	Sequantially list conditi If any, leading to imme	ions, diata	DUE TO	OR AS A CONS	EQUENCE (OF):				. /		/		1 0 111 0
CERTIFICATION	cause, Entar UNDERLY CAUSE (Diseasa or Inju		· Carri	zer of	the	LU	in	ary	61	lado	er			3 years
E	that initiated eventa resulting in death) LAS		DUE TO	(DR AS A COM	EOUENCE D	F):		,						
ER	readiting in death, LAS		d					_						
2	PART if. Other significa	nt conditio	ona contributing to	daath but no	rasulting	In tha U	nderlyln	g cause	givan in	Part I. 2	4a, WAS AN		241	. WERE AUTOPSY FINDINGS
EDICAL	4.9									Ι,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	(ZANOL	40 5/10	dana							'	☐ 1E3 2	NO		OF DEATH? 1 ☐ YES 2 NO
2		COPP	The state of the s											
A	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE DF	DEATH (Ch	neck only ona)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 🗆 R	laaldenca	8 Other (3	Specify)			
PHYSICIAN:	27. MANNED OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TII		28c. IN	JURY AT		28d. DESC		NJURY OC	CURED	 -
BY F		Pending Investigation		ouy, roury		M			□ NO					
ED B	3 Suicide 8	Could not be	28a. PLACE (OF INJURY — At , alc. (Specify)	home, farm,	atreet, fac	tory, offic	ca			ION (Street Town, State)		r or Rurai	Route Number,
	4 Homicide	determined												
2	29a. CERTIFIER (Check only	TIFYING PHY	SICIAN: To the best o	l my knowledge,	death occur	red at the	lima, dal	and plac	s, and dus	to the cause	(a) and me	nner aa sta	ted.	
COMPLET	one) 2 MED	ICAL EXAMIN	IER: On the beals of	examination and/	or investigat	lon, In my	opinion,	death occu	red at the	tima, date ar	nd place, ar	d dua to t	he cause(e) and manner ea stated.
U U	298 SIGNATURE AND TITLE	OF CERTIFI	ER A	· · · · · · · · · · · · · · · · · · ·				29c. LIC	ENSE NU	MBER		29d. DA1	E SIGNE	D (Month, Day, Year)
8	Voter 1	1/0	M	u	لب			10	116	52		•	51	20/90
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	JSE OF DEATH (T	TEM 27) (Typ	e, Print)			114	^	/	1	F	711
	PETER F	· VE	RKOU	wh	0	183	33	For	esi	(Br	. H	44	ab	ocistud
	MAY 30 1990	Sulia Sulia	32. REGISTS	AR'S SIGNATURE					- 2-11				,	21(101
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filled in by cremation, an and completely fill to burial, cremation ending physician a Hygiene prior to I HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be signed by the attending Health and Mental Hygier cate has bee State Dept. c certificate h the L DIRECTOR: After this cent ? hours after death with thi f Item 28 is marked, or TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If Its

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Joseph F. Lowery 06 90 6:25 5 SEY 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS 217 10 4921 05-18-13 PA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Community Hospital Frostburg Allegany 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 VES 2 NO MD Allegany Cumber land FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 29 North Front
11. MARITAL STATUS Street 14. RACE — American Indian, Black, White, etc. 21502 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 TYES 2 NO Specify: 1 Never Married 2 Married Specify: 87 3 Nidowed 4 Divorced WWII White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 12 Prep. Department Celenese Corp. at once. 17. FATHER'S NAME (First, Miricila Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Lowerv Anna 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Aural Aoute Number, City or Town, State, Zip Code) 2 Johnson St. Cumberland, Md 21502 Μ. Hersh 20e. METHOD OF DISPOSITION

1 Pt Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Hillcrest Burial Park Cumberland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home ВХЭШ 108 Virginia Ave. Cumeberland, Md 21502 the medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cardiac or reapiratory arrest, should, or heart fellure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death QUE TO OR AS A CONSEQUENCE OF: disease or condition resulting in death) event, THE LEFT LUNG ARCINOMA traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 DAO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 W NO se 5 🗆 Residence e 🗀 Other (Specify) 4 🗆 Nurs 00 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 W Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 201. LOCATION (Street and Number or Rural Route Number, City or Town, State) e Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED SAUSE OF DEATH (ITEM 27) (Type, Print) 25638 6 9 Dr. S. Chang Frostburg Plaza, Frostburg, MD 21532 STATE THE STATE STATE OF THE ST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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i PHYSICIAN. The law requires that the death certificate be executed within, or nouns after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arried or tem 23 shows any inlury, or other traumatic event, the medical examiner must be notified at once.
N: The law	icate has b	State Dept.	item 23
1YSICIA!	ils certifi	vith the	ed or
JING P	After th	death w	marke
ATTEND	CTOR	s after o	28 ie
AL OR	1 DIRE	in 72 hours	W Ham
HOSPIT	FUNER	within 7	TANT IF

STATE	0F	MARYLAND	I	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	E	RTIFICATE	O	F DEAT	TH		REG.	NO.

		1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
-			1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3.	TIME OF DEATH
			Jane	Marie	tta	Lyn	ch	May 21.	1990	4.00	2130 M
			4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLA Country)	ACE (State or Foreign
	Đ <u>.</u>		155-20-6069	1 🗆 M 2 🔼 F	80 YRS.						ersey
	shou	_	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF DE		9c. COUNTY	OF DEAT	н
	be detached for use as the bunal-transit permit. Pages 1, 2, 3 should at once.	DIRECTOR	· Calvert Memor	ial Hospi			Frede	rick	C	alye	rt
	Sages	IRE	10e. STATE 10b. COUNT		10c. CI	TY, TOWN OR LOCAT					d. INSIDE CITY LIMITS?
	mit.		Maryland Ca.	lvert		Dunkirl	. ZIP CODE		10g CITIZEN		YES 2 X NO
	isit pe	ERAL	P. O. Box 6				20754		U.S		
Cian	al-trar	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVE				IIC ORIGIN? (Specify	fee or No- 14.	RACE — Black, W	American Indian,
LAND 21203-3146 by the hospital or attending physician	e privi	BY F	1 Never Merried 2 Merried 3XXWidowed 4 Divorced	FORCES? 1 Y			2 NO Specify	n, Puerto Rican, etc.)	1		White
3-3	as th	ED B	15. DECEOENT'S EDU	ICATION	16a DECEDENT'S	S USUAL OCCUPATION	ON.	185 KIND OF F	USINESS/INDUS		
120	r use	ETE	(Specify only highest grade Elementery/Secondary (0-12)		(Give kind of	work done during mo	st of working	IOD KIND OF E	00111237111003		
Soits S	of ber		Elementer y Secondary (0-12)	4	Home	maker		N/A			
AN of	detach	COMPL	17. FATHER'S NAME (First, Middle, Lest)				The state of the s	ME (First, Middle, Maid			
	_	BE (William Fallo	on					Riordan		
MORE, MARYLAND Page 6 may be retained by the boso	5 should notified	2	Joseph A. Lynch		and the second second second			Route Number, City or 1 Maryland		de)	
	be n		2004 METHOD OF DISPOSITION		20b. PLACE OF DISPO				OCATION - City	or Town	State
BALTIMORE,	by the funeral director, page smoval. Ilcal examiner must be		1 Donetion 5 Other (Specify)		Mt. Ca.	lvary Cen	netery		Butler,		
¥ å	al dire		21. SIGNATURE OF JUNERAL SERVICE	CENSEE				Calas Fund			
ALT	funer		> Must fil	Ulan	-	616	50 Oxon F	Kalas run Hill Rd.,	Oxon H	пе i 11.	Md.
a F	d in by the funeral director, page or removal. medical examiner must be		23. PART I. Enter the diseases, or							-	Approximate
No.			shock, or heart feiture. IMMEDIATE CAUSE (Finel								Interval Between Onset end Death
			diseese or condition resulting in death)	CA	RDIC	CEN	IIC	SHOC	1		1 day
46,	completely fille rial, cremation, c event, the			DUE TO (OR A	AS A CONSEQUENCE OF	PA)C	TOIL				1
13146,	at En	NO	Sequentially list conditions,		AS A CONSEQUENCE		3010				7
BOX	the attending physician a Mental Hygiene prior to njury, or other traum	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		1ETA		c f	ACIDO	212		11
	ending phy Hygiene p	IF	CAUSE (Disease or injury that initiated events	OUE TO (OR A	AS A CONSEQUENCE	OF):					1,
0.8	tendir al Hy	EH	resulting in death) LAST	d. <u>S</u> €	EN EDRE	131	< HDY	CAGED.	IA		
JS, P.O.	y the attend Mental	AL C	PART ii. Other significant condition	ns contributing to deet	th but not resulting	in the underlyin	g csuee given in		AN AUTOPSY ORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	E 8 >)C							2 (X NO	00	OMPLETION OF CAUSE F DEATH?
RECORE	peen signed of Health s	MEDIC								1	YES 2 NO
<u> </u>	bept. c	Ä				_					
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Z CIAN	certificate the State	НУЗ	27. MANNER OF DEATH	1 Minpatient 2 ER/	RY 265 TI	ME OF 28c IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	REO	
IISION OF VIT	with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar) If		ORK? YES 2 NO				
DIVISION	DIRECTOR: After hours after death	ED B	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, farm (Specify)	, street, factory, offic	00	28f. LOCATION (Stre City or Town, Str		Rural Rout	te Number,
VIS	RECTOR		4 Homicide determined								
VIO MIN	125	COMPLET	one)	SICIAN: To the best of my k							nd menner ee stated.
Tuc HOcorts	TO THE FUNERA be filed within 7 IMPORTANT: I	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER S	es	Ems	29c. LICENSE NU	MBER 25519			lonth, Day, Year) 22-90
7	₽ # E	일	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	F OEATH (ITEM 27) (Type	oe, Print)			1 3		
8				Md.		I	rince	Frederic	k, Ma	çyla	ind 20678
			31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE Pandall						
			MAY 24'90 9	CONTRACTOR - A							DHMH-16 Rev 1/89

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RECORDS,
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DIVISION

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	Pages 1		
or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should		
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y the	e de		10 01
trained b	should b		Is marked or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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HOSPIT	MERAL DIR	d within 72	NT.
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1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEI REG. NO				
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	HAROLD LE	E LEJEUNE					22 199	6:00 P M		
	4. SOCIAL SECURITY NUMBER	- 23		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
-	436-56-4121 9e. FACILITY NAME (If not institution, give:	1X M 2 □ F 50	YRS.	02 27 40 Louisi				uisiana		
	Malcolm Grow Hos	,		Camp S		EATH		Prince George's		
Malcolm Grow Hospital AAFB Camp Springs Prince RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Waldorf Maryland Charles Waldorf							10d, INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER 10f. ZIP CODE						10a. CITIZEI	1 YES 2 NO		
EBA	10 Rvon Ct.	20601			U.S.A.					
BY FL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT, EVER IN FORCES? 1 (X) YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI	NC ORIGIN? (Specify Y n, Puerto Ricen, etc.) y:	ea or No — 14	. RACE — American Indian, Black, White, etc. Specify: Caucasian		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina mo		16b. KIND OF B	JSINESS/INDUS	тяу		
2	Elementary/Secondery (0-12)	College (1-4 or 5+) N/A	Fuels Te	chnici	an	Electro	mics			
S I	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide				
W L	Edridge Lejeun	e				Myers				
0	190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)		
	Josephine R. Le		Same	as 10		200.1	OCATION ON	y or Town, State		
	205 HETHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 Ren 4 Donatton 5 Other (Specify)		other place)							
10-4	21. SIGNATURE OF PUNERAL SERVICE L		rlington	22. NAME A	ND ADDRESS OF FA	CILITY TOO EN	meral	Virginia Home, Inc.		
	1/1/1	DKI						linton, Md 207		
1	23. PART I. Enter the diseasea, or	complications that caused	tha death. Do not				_			
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on e	ach lina.					Interval Between Onset and Death		
	disease or condition	Vanatara	nal Syndro	hae and	Motabol		•			
	reaulting in death)			Juc and	riecabol	1c Acidos	1S	3 days		
		DUE TO (OR AS A	CONSEQUENCE OF):		Mecabol	1C Acidos	1S			
	reaulting in death) Sequentially list conditions,	b. Alcoholic DUE TO (OR AS A	Cirrhosi Consequence of):	is	Mecapol	1c Acidos	18	2 years		
	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	b. Alcoholic OUE TO (OR AS A Small Boy	CONSEQUENCE OF): CONSEQUENCE OF): Wel Obstru	is uction	Metabol	1C Acidos	18			
	resulting in death) Sequentially list conditions, if any, leading to immediate	b. Alcoholic OUE TO (OR AS A Small Boy DUE TO (OR AS A	Cirrhosic Consequence of): Consequence of): Wel Obstructors: Consequence of):	is uction			18	2 years 4 days		
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CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Alcoholic DUE TO (OR AS A Small Boy DUE TO (OR AS A Spontaneo	CONSEQUENCE OF): C Cirrhos: C Consequence OF): Wel Obstru C CONSEQUENCE OF): Dus Bacter	is uction rial Pe	ritoniti	S Part I. 24e, WAS	N AUTOPSY PRMED?	2 years 4 days 4 days 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z= nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MARYL				EALTH AND I	MENTAL	HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First MYRT)		AMP LOON	EΥ				2. DATE O MONTH MA	DI	Ď, 19	YEAR 90	3. TIME OF DEATH 12:15 A M
4. SOCIAL SECURITY NUMBER 579-12-2228	1	□ M 2 XXF 70	(In yrs. lest birthday YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 02	Day, Year)		a. BIRTN	PLACE (State or Foreign Virginia
98. FACILITY NAME (# not in Malcolm Green Residence of Dec	ow Hosp:					r LOCATION OF DE	ATN		9c. COUN Pri		George's
10m. STATE	10b. COUNTY	George's		Ft. W							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
Maryland 100. STREET AND NUMBER		George s		L C. VV		ZIP CODE				EN OF W	HAT COUNTRY?
3419 Limar Drive 11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Diverced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X MO IF YES, GIVE WAR OR DATES					If yes, spe	ENDENT OF NISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto Ri			14. RACE Black Speci	— American Indian, c, White, etc.
15. DEC (Specify on Elementary/Secondary (CEDENT'S EDUCAT by highest grade con	TION mpleted) College (1-4 or 5 +)	18e. DECEDENT (Give kind o ille. Do NOT	'S USUAL O of work done use retired.)	during mos		18b. I	KIND OF BUS	BINESS/IND		casian
12th	ticiclin (ant)	N/A	Govt.	Anal;	yst	16. MOTNER'S NA		S. G		men	t
George D.						Stella			Sumame)		
19a, INFORMANT'S NAME (19b. MAILIP	NG ADDRES	S (Street as	nd Number or Rural I			n, State, Zip	Code)	
William D				as 1							
20 METHOD OF DISPOSIT		of from State	other place)						CATION — C		
4 Donetion 5 Other			Trinity	-		Gardens D ADDRESS OF FA				-	ryland me, Inc.
Must	000	Vola					1				nton Md 2073
IMMEDIATE CAUSE (Fi disease or condition resulting in deeth) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY	etilons, b			OF):	REST		7-8-1				Interval Batween Onset and Death
CAUSE (Disease or Injuthat Initiated events resulting in death) LAS		DUE TO (OR AS	A CONSEQUENCE	OF):							
PART II. Other algnific	ent conditions	contributing to deeth	out not reaultin	g in the u	ndariying	j cause given in	Part I.	24s. WAS AN PERFOR 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?		IOSPITAL:		Lorine		ACE OF DEATH (Ch	eck only one)}			
1 TYES 2 ANO	i	☐ Inpatient 2 ER/Out		1	rsing Nom	e 5 ☐ Residence					
	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF INJURY M		URY AT RK? 'ES 2 NO	28d. DE\$6	CRIBE HOW I	NJURY OCC	URED	
2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, fam	n, street, fac	ctory, office	1	28f. LOCA City o	TION (Street r Town, State)	and Number	or Rural i	Route Number,
CONDON ONLY		AN: To the best of my known on the bests of examination									a) and manner as stated.
291	OF CERTIFIER					29c. LICENSE NUI	MBER				(Month, Day, Year) AY 90
30. NAME AND ADDRESS O	J. CA	RILLO, CA	PT, US	AF,	MC	MALCOL	M GR	OW U	SAF 1	MED 203	ICAL CTR 31-5300
31. DATE FILED (Month, Day,		32 REGISTRAN'S SIG	n-Acrocale	-							

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whia Davidson-Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Warren Joseph Lowe, Sr. 422 MARREN LOWE 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthdev. IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Sta 219-07-3493 Maryland 1 M 2 F YRS June 3 21 9a. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH alleton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? DIREC 10a STATE Maryland Harford Bel Air 1 YES 2 1 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 1520 Conowingo Road 21014 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuban, Mexican, Puarto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White WII COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Mechanic US-Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John George Martin Lowe Agnes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Margie L. Lowe 1520 Conowingo Road, Bel Air, Md. 21014 20s. METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Trinity Lutheran Cemetery Joppa, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, 1317 Cokesbury Road, Abingdon, Md. 23. PART I. Enter the diseases, or complicatione that caused thi deeth. Do not anter the mode of dying, such as cerdiec or reepiretory strest, Approximate shock, or heart fallure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death anterweleste Heart Deseral disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not requiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 YNO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EKAMINER? OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF Natural М 1 YES 2 NO В investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or reatigation, in my opinion, death occured at the time, data end place, end due to the cause(s) and menner as stated. alger 12 D 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2013 TAUR COLFER 21034 MA

BALTIMORE, MARYLAND 21203-

mit. Pages 1, 2, 3 should

James

31. DATE FILED (Month, Day, Year)

Kaplan,MD

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / I		MENT O				MENTA	L HYGIEN REG. NO.	E			_
	1. DECEDENT'S NAME (First, Middle, Last) Brend	da	L.	I	owery	7				of DEATH 21-90	NY	VEAR	TIME OF DEATH 11:15AM M	
	352-50-5369	1 🗆 M 2 💢 F	6. AGE (In yrs. last I	YRS.		VS (IF UNDER	MIN.	12.	OF BIRTH h, Day, Year) -21-19	754	AU	ACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give str Ft. Armstead Parl		mp		Balt			City			9c. COUNT	TY OF DEAT	Н	
DIRECTOR		MARD		10c. CITY, ELL	TOWN OR L	OCATIO	C	74					d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	8122 Wood	GLEN (CT:			0		43			L	1.5	A ·	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 { IF YES, GIVE WA	YES 2 NO		If ye	s, spec			n, Puerto	Y? (Specify Yea Rican, etc.)	or No-	Black, W	American Indian, thite, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give		SUAL OCCU			TAAI	7 (KIND OF BU	SINESS/INDU	STA	FF	
BE COM	17. FATHER'S NAME (First, Middle, Last) HARLES	LOWER	4				18. MOT	LEA	ME (First,	Middle, Malden		50N		
10	199. INFORMANT'S NAME (Type/Print)	WEAY	19b.	MAILING A	E.	3 f	Number	or Rural F	Ploute Num	aber, City or Tow	n, State, Zip (ZZ.	61755	
	20a_METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)		20b. PLACE Of the place MA-C	Kin	AW	(EI	1.		20c. LO	CATION - C	HU or Town	Th.	
	21. BIGHATUPE OF PUNERAL SERVICE LIC	. Ha	edak	1	CA-	DI DI	TOL	SS OF FA	NER!	213 LE	E HU	u) ills c	22046 HuzeH VA	
	23. PART I. Enter the diseases or c shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one caus	se on aach lina.								iratory arre	est,	Approximate Interval Between Onset and Death	
	disease or condition reaulting in death)		e injuri			.cat	ced .	by d	rown	iing				_
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	if any, leading to Immediate												
CERTIFICATION	CAUSE (Disease or Injury that initiated evants resulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE OF)										
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	a contributing to	death but not re	auiting in	tha unda	rlying	cause	given in	Part I.	24a. WAS AN PERFO	RMED?	A C	ERE AUTOPSY FINDINGS WALABLE PRIOR TO DMPLETION OF CAUSE F OEATH? STEES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL/	ACE OF C	DEATH (Ch	eck only o	ne)				
HYSI	XX yes 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2	INJURY	DOA 28b. TIME	OTHER: 4 Nursing	Home	JRY AT	esidence		er (Specify) SCRIBE HOW	SCE			_
В	1		F INJURY — At horatc. (Specify)	10:4		1 YI	ES 2	OK.	261. LO	CATION (Street	and Number	or Rural Rou	ed from	
COMPLETED	Crieck orny	ater Key Bridge, Baltimore Cit								Ι				
BE COM	one) EXAMINE AND SITE OF BENTIFIES		camination and/or is	rvestigation	i, in my opin	Hon, de	29c. LIC	ENSE NUI		a and place, a		SIGNED (A	fonth, Day, Year)	_
0	N HAVE AND ADDRESS OF BERNON MAI	O COMPLETED CAUS	E OF OFATU /ITEM	I OT (Time	Drint)		(CME				5-22	2-90	_

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRATES SIGNATURE

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

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by the hospital	id be detached fi	e and at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meurs after death. Page 24 mem by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors of the desired of the complete of the funeral directors. The study completely filled in by the funeral directors of the desired of the complete of the funeral directors.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner and the at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E				
,	1. DECEDENT'S NAME (First, Middle, Last)		1 10 11			2. DATE OF DEATH		3. TIME OF DEATH			
,	Robert	E	141/10			DUM-e	1 98	725A M			
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
1	215-36-7130	1 1 x m 2 D F 51	YRS.	MONTHS DAYS	HOURS MIN.	Jan. 13, 1	939 M	aryland			
ļ	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY				
e B	Washington County	Hospital		Hagers	town		Wash	ington			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		400 007	Y, TOWN OR LOCAT	204			10d. INSIDE CITY			
<u>E</u>		hington	2500	A STATE OF THE STA				LIMITS?			
	100. STREET AND NUMBER	TILLIGIOTI		agerstow	. ZIP CODE		L 40- CITIZEN	1 🔀 YES 2 🗌 NO OF WHAT COUNTRY?			
FUNERAL	31 E. Irvin Avenu	10		101	21740		USA	OF WHAT COUNTRY?			
빌	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	ILC ADMED	42 WMC DEC		HC ORIGIN? (Specify Yes		RACE American Indian,			
	1 Never Married 2 Married	FORCES? 1 VES	2 NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Rican, etc.)	or No- 14.	Black, Whits, etc.			
ĕ I	3 Widowed 4 Divorced	1961 - 1967	TES	1 YES	2 NO Specify	y:		specify: white			
	15. DECEDENT'S EDU			USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST	TRY .			
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st or wonang						
린	12 years	4 years	engine	eer		genera.	L cont	ractor			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	S 10 20			
· w	Walter Russell M	iller, Sr.			Anna Ro	osella Pool	Le				
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural i	Route Number, City or Tow	n, State, Zip Co	ole)			
F	Anna B. Miller		31 E.	Irvin A	Avenue F	lagerstown	, Maryl	and.			
1	20s. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Rem	ound from State	other place)	SITION (Name of cer			CATION — City				
	4 Donation 5 Other (Specify)		ose Hil	L Cemeter			gerstow	m, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	TO IA		Geralo	N. MINI	nich 305	N. Pot	omac Street			
	Derala (.	Mumich)		al Home		erstown	, Maryland			
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	I let only one cause on an	ch line			M. 695/P		Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death bu	nt not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	neck only one)					
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outpe		4 - Nursing Hon	ne 5 🗆 Residence	6 Cher (Specify)					
PH	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. Til	JURY WO	ORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED			
ВУ	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, farm, ffy)	street, factory, offic	:0	281, LOCATION (Street City or Town, State		Rural Route Number,			
TH.	29a, CERTIFIER										
COMPLETED	(Check only	ER: On the best of my knowle						ause(s) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CENTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
	146	rewin			0112	266	1	war 1 90			
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Typ AVTICA ATURE ATURE	e, Print)	19:ensta	in lud					
	31. DATE FILED (Month, Day, 1947)	32. REDISTRANCE SIGN	ATURE Panda	02	/	1					
	JUN UD 30	1									

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4 nours after de	filled in by the fu
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artificate be e	ing physician
if the death c	by the attend
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SICIAN: The la	certificate has
ATTENDING PHY	CTOR: After this
D THE HOSPITAL OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be as as the burial property of the purishment of the p
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may by maintening by attending physic

	1	STATE REGISTRAR		STATE UF N	IANTLAN	CERTIF					VIENIAL H	REG. NO.	E		
	i	1. DECEDENT'S NAME (First,				101					2. DATE OF			YEAR	3. TIME OF DEATH
	ì	¥A R	THU	IR E.		no Gi	LIR	K			MONTH	.3-	98	YEAR	8:10 M
		4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In y	rrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF I	ny. Year)		6. BIRTHI	PLACE (State or Foreign
	1	220-09-4879		1 № M 2 □ F	73	YRS.					July 1	1,19	16	Mai	ryland
١.	.	9e. FACILITY NAME (If not in	stitution, give s	treet and number)	111	al II	9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COL	INTY OF DE	EATH
ع ا		RESIDENCE OF DEC		morial	4050	ital	1-ta	NKC	c c	و (YRAC		_H	ART	ord
Oiperator		10e. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
2		Maryland		Cecil				Per	ryvi	11e					1 TYES 2 XNO
3		10e. STREET AND NUMBER						101	ZIP COD						NAT COUNTRY?
EINEDA		51 Jackson	Statio	on Road						219	03			U.S.	Α.
		11. MARITAL STATUS 1 Never Merried 2 XX	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. \	MAS DEC f yes, spi	ENDENT (OF HISPAN	IIC ORIGIN? (S n, Puerto Rice	ipecify Yee n, etc.)	or No—	14. RACE Bleck	— American Indian, , White, atc.
2		3 Widowed 4 Divo		IF YES, GIVE V	MR OR DATE	S	1	YES	2 X X10	Specify	<i>r</i> :			Specif	White
۾			EDENT'S EDU		16	e. DECEDENT'S					18b. Kil	ND OF BUS	SINESS/IN	DUSTRY	
3		(Specify only Elementary/Secondery (6	y highest grade 3-12)	College (1-4 or 5		(Give kind of life. Do NOT u	se retired.)								
		Eleven Year			D	istric	t Cou	ırt (Comm	issi	oner	Cec	il C	ounty	y, Maryland
	3	17. FATHER'S NAME (First, M		•					16. MOT		ME (First, Midd			1	
歸門	4	Harry 190. INFORMANT'S NAME (7		rk		T			7		therir				у
be notified	2	Jacquelin		McGuirk								-			. 21903
8		20g, METHOD OF DISPOSIT	ION			LACE OF DISPO	_		·		,			- City or To	
medical examiner must		1 N Auriel 2 Crematic		ioval from State		ther place) Cincipi	o Cer	nete	ry			Per	ryvi	11e,	Maryland
in a		21. SIGNATURE OF FUNERA	L SERVICE LIC	BENSEE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY	•			
ехаш	ľ	Hann	1. 1	Juern	POL S	50					son &		219		nollie
Ca	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory													Approximate	
Bed	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) S. Pe Spilvatory failure. Due to los As A Consequence of: CONSEQUENCE OF: Due to los As A Consequence OF:														interval Between Onset and Desth
or other traumatic event, the		disease or condition resulting in deeth)	→	Resp	1 Veitz	014	ta	cilc	104	2					1/200-
eveni	ı	,		DUE TO	(OR AS A C	ONSEQUENCE O	OF):	/	1 0)					
atte	5	Sequentially list condit	tions,	a Caro	100 40 40	ONSEQUENCE O	01	- 6	gy	- 4	ung				
traum		If any, leeding to imme cause. Enter UNDERLY		DOE 10	(ON AS A C	ONSEGUENCE (AF J.		V						į į
le le		CAUSE (Disease or injuthat initiated events	ury	C. DUE TO	(OR AS A C	ONSEQUENCE (OF):								
		resulting in death) LAS	ST	d											
any injury.		PART II. Other aignifica	ant condition	ns contributing to	death but	not reaulting	in the un	nderlyln	Q cause	given in	Part I. 24	a. WAS AN	AUTOPSY	7 24b	. WERE AUTOPSY FINDINGS
any inju	5											PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
hows a											_ '	∐ TE3 A	Z JEL NO		OF DEATH? 1 YES 2 NO
											_				
1 23 E	3	25. WAS CASE REFERRED T	TO MEDICAL					26, PI	LACE OF	DEATH (Ch	eck only one)				
or item	2	EXAMINER?		HOSPITAL:	☐ ER/Outpati	lent 3 DOA	4 Nur		10 5 🗆 F	leeldence	6 Other (S	Specify)			
rkad, or item 23 s		27. MANNER OF DEATH		28e. DATE Of (Month, I		26b. TI	JURY	28c. INJ WC	URY AT		26d. DESCR	IBE HOW	INJURY O	CCURED	
s markad,	_	1 Natural 5 2 Accident	Pending Investigation				М		YES 2	NO					
50 E		3 Suicide a Suicide	Could not be determined	28e. PLACE 0 building	of INJURY — , etc. (Specify)	- At home, farm,	street, fac	tory, offic	•			ON (Street Town, State)		er or Rumi i	Route Number,
item 2		29e. CERTIFIER									<u></u>				
2 == =		Torroom ormy		ER: On the basic of											e) end manner es stated.
		29b. SIGNATURE AND TITLE	- 1												
POR	/ 1	- AAm	melh	mi					7	140	544		▶ J	411-	3./990
8 🗷	4	30. NAME AND APPRESS O	F PERSON WI	HO COMPLETED CAL	ISE OF DEAT	H (ITEM 27) (Typ.	e, Print)		y	//	, ,				21000
		IAN D.	50m	DERVIC	LE	400	LE	NIS	5	7	HAVE	RE	DE	GRA	(Month, Day, Year) -3,1990 21008 4-EM
	Ì	31. DATE FILED (Month, Day,	(Year)	32. REGISTR	R'S SIGNAT	URE	1.00								
		JUN	1 5 9	IU I A	who was	udson-19	Moreon	P							

lage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should who be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

E. MARYLAND 21203-3146

if be notified at once. IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remon

	st, Middle, Last)			LITT	ICATE	OF	UEA		2. DAT	REG. N			3. TIME OF OEATH
Acos	· lola	E.		MEI	FEE	-			MON	TH	DAY	YEAR 90	10°8 P
4. SOCIAL SECURITY NUI	MBER	5. SEX	8. AGE (In yrs. la		IF UNDER 1	7	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH	<u>/</u>	8, BIRTH	IPLACE (State or Foreign
222-05-4658	3	1 🗆 M 2 🗔 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year)	2.1	Ber	lin Md.
9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY, T				EATH	16-19	9c. COL	NTY OF D	EATH
Peninsula (Hospita	1		Sa	list	bury	, MD				Wico	mico
RESIDENCE OF DE	10b, COUNTY	1		10c. CIT	Y, TOWN OR	LOCATI	ON						10d. INSIDE CITY
				100.01	46.00								LIMITS?
De . 10e. STREET AND NUMBE		Sussex_			Geor	101.	ZIP COD	DE			10g. CIT	IZEN OF V	VHAT COUNTRY?
715 E. Ma	arket St	ŀ					199	17				***	
11. MARITAL STATUS		12 WAS DECEDED	IT EVER IN U.S. AI	RMED	13. W	AS DECE	NDENT	OF HISPAI	NIC ORIG	IN? (Specify)	aa or No—	14. RACI	A American Indian, k, White, etc.
1 Never Married 2	_	IF YES, GIVE Y	MAR OR DATES X	NO	1 (Yes, spe	3 NO	Specif	in, Puerti y:	o Rican, atc.)		Spec	ifv:
	ECEDENT'S EOU	1	40.00						1.				White
(Specify of	only highest grade	completed)	(0	Give kind of a B. Do NOT u	Work done dui sa retired.)	iring mos	n it of work	ing	- 1"	8b. KIND OF E	USINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)										
17. FATHER'S NAME (First,	Middle, Last)			HOI	nemake	ar	18. MOT	THER'S NA	ME (First	Homo , Middle, Maid	n Surname)		
William	J F115	ie						Dal.	h D	untino			
19a. INFORMANT'S NAME			19	9b. MAILING	ADDRESS ((Street ar	nd Numbe	er or Rural	Route Nu	mber, City or T	own, State, Z.	(p Code)	
Ernest E.	Megee i	Ir.		715 F	. Mar	rket	St	Coc	arge	town I	b _10	00/7	
20a. METHOD OF DISPOS 1 M Burlel 2 ☐ Creme		ovel from State	20b. PLACE other p	OF DISPO	SITION (Name	e of cem	etery, cre	matory or		20c.	OCATION -	· City or To	
4 Donation 5 Doth	er (Specify)				Cemet	erv				G€	orget	cown	De.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Services Inc.													
Zully	m E	Elm	Pr.					star			inc.		
IMMEDIATE CAUSE (Finel diseases or condition resulting in deeth) a. Cardiac AvresT Oue TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										ordisc or res	piratory s	rrest,	Approximate
disees or condition resulting in deeth)	Final	a. DUE TO	Cord OOR AS A CONSE	A COUENCE O	OF):	hs mod	de of dy	ying, suc	h sa ca	erdisc or res	piratory s	rrest,	Interval Between
disees or condition resulting in deeth)	ditione, nadiete LYING niury	a. DUE TO	Cord OOR AS A CONSE	EQUENCE O	PF):	hs mod	de of dy	ying, suc	h sa ca	erdisc or res	piratory s	rrest,	Interval Between
disees or condition resulting in deeth) Sequentially list condification if any, iseding to immicause. Enter UNDERI CAUSE (Diseese or in that initiated events resulting in desth) List	ditione, nedlete YING solury	a. DUE TO DUE TO OUE TO d.	O OR AS A CONSE	EOUENCE O	not anter the	re contraction	37	DL.	th sa ca	24a. WAS			Interval Betwee
disees or condition resulting in deeth) Sequentially list condif any, iseding to Immicause. Enter UNDERI CAUSE (Disees or in that initiated events resulting in desth) LA	ditione, nedlete YING silvery AST	a. DUE TO DUE TO OUE TO d.	O OR AS A CONSE	EOUENCE O	not anter the	derlying	37	given in	Part I.	24a, WAS PERF	IN AUTOPSY		Interval Betwee Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end
disees or condition resulting in deeth) Sequentially liet condif any, iseding to implement the cause. Enter UNDERL CAUSE (Disees or in that initiated events resulting in desth) LA PART II. Other aignifications.	ditione, nedlete YING silvery AST	b. DUE TO c. OUE TO d. HOSPITAL:	O (OR AS A CONSE	EOUENCE O	ont enter the second of the se	derlying	377	given in	Part 1.	24a. WAS PERF 1 YES	IN AUTOPSY		Interval Betwee Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end
disees or condition resulting in deeth) Sequentially liet condificant, isoding to immicause. Enter UNDERI CAUSE (Diseese or in that Initiated events resulting in desth) Liet PART II. Other significant in the condition of the c	ditione, nedlete YING silvery AST	b. DUE TO c. OUE TO d. HOSPITAL:	O (OR AS A CONSE	EOUENCE O	OTHER:	28. PL.:	Cause	given in	Part I.	24a. WAS. PERF 1 YES	IN AUTOPSY ORMEO? 2 NO	/ 24t	Interval Betwee Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end Deat Onset end
disees or condition resulting in deeth) Sequentially liet condif any, iseding to immodule cause. Enter UNDER CAUSE (Disees or if that initiated events resulting in desth) LA PART II. Other aigniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	dittione, nedlete VING sijury AST	b. DUE TO d. OUE TO HOSPITAL: 11X Inpatient 2 28e. DATE O	O (OR AS A CONSE	EOUENCE O	OTHER:	28. PL:: ing Homming Loss. INJUI WOIW	ACE OF	given in	Part I.	24a. WAS PERF 1 YES	IN AUTOPSY ORMEO? 2 NO	/ 24t	Interval Betwee Onset end Dear
disees or condition resulting in deeth) Sequentially liet condif any, iseding to immodule cause. Enter UNDER CAUSE (Disees or if that initiated events resulting in desth) LA PART II. Other aigniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident	ditione, nedlete LYING AST	b. DUE TO c. OUE TO d. HOSPITAL: 1 Kl Inpatient 2 28a. DATE D. (Month, I	O (OR AS A CONSE	EOUENCE O	OTHER: AL OF JURY M	28. PL::ing Home	ACE OF DE STATE OF THE STATE OF	given in	Part I. 8 □ 01 28d. C	24a. WAS. PERF 1 YES	IN AUTOPSY ORMEO? 2 NO	24t	Interval Betwee Onset end Dea
disees or condition resulting in deeth) Sequentially liet condition in the condition in th	ditione, nedlete. AST Cent condition To MEDICAL Pending Investigation Could not be determined	b. DUE TO c. OUE TO d. HOSPITAL: 1 Ki inpetient 2 28a. PLACE building	D (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	EOUENCE O COUENCE O	OTHER: 4 Nursing E OF JURY M street, factor	28. PL : :ng Home 1	ACE OF AC	given in OEATH (C) Realdence	Part I. Part I. 28d. C	24a. WAS. PERF 1 YES ona) OCATION (Streetly) OCATION (Streetly or Town, Steetles)	AN AUTOPSY ORMEO? 2 NO V INJURY OF and Number	CCURED or or Rural ated.	Interval Betwee Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end Dear Onset end
disees or condition resulting in deeth) Sequentially liet condition in the condition in th	ditione, nedlete LYING asT cent condition To MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EOICAL EXAMINE LE OF CERTIFIE	BE CONTRIBUTION OF THE PROPERTY OF THE PROPERT	DO (OR AS A CONSE O (OR AS A	EOUENCE O COUENCE O	OTHER: 4 Nursir ME OF 2 JURY M 2 street, factor	28. PL : :ng Home 1	ACE OF 5 Grave ACE OF 6 Grave and place and place 29c. Life	given in OEATH (C) Realdence	Part 1. Part 1. 28d. C. 28f. Li Chimeter distance di distance di distance distance distance distance distance distance distance distance distan	24a. WAS. PERF 1 YES ona) OCATION (Streetly) OCATION (Streetly or Town, Steetles)	IN AUTOPS) ORMEO? 2 □ NO V INJURY Or the and Number to the service of the service	CCURED or or Rural sted.	Interval Betwee Onset end Deal Onset end Deal Onset end Deal Onset end Deal Onset end Deal Onset end Deal Onset end Deal Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end

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V = 3.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATN DAY	YEA	3. TI	ME OF DEATN
JACOB	PAUL	MAR	RBLE	MAY 2	MAY 22, 1990			15 рм	
4. SOCIAL SECURITY NUMBER		in yrs. last birthday) II	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. B	IRTHPLAC	E (State or Foreign
NOME	1 XM 2 F	VDO MO	NTHS DAYS	«HOURS MIN.	(Month, De	ly, Year)	C	ountry)	
NONE	71	10.711	5 19		NOV.			ARYLA	AND
9e. FACILITY NAME (If not institution, give str		91	9	R LOCATION OF DE	EATN	- 1	9c. COUNTY C		O T my
THE JOHNS HOPKINS	HOSPITAL		BALTIM	ORE			BALT	LMUKI	ECITY
RESIDENCE OF DECEDENT								1	A1172
10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d.	INSIDE CITY LIMITS?
MARYLAND WIC	COMICO		HEBR	ON				1 🖸	YES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
· 803 QUERCUS DRIV	VE.			218	30			USA	
11, MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN		necity Yes o	r No.— 14. F		mericen indien.
Never Merried 2 Merried	FORCES? 1 TYES	2 NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Rica				mericen indian, te, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 U YES	2 NO Specify	y:			Specify:	WHITE
15, DECEDENT'S EDUC	ATION	16a. OECEOENT'S US	IIAL OCCUPATIO	NA .	105 VII	ND OF BUSIN	NESS/INOUSTI	BY .	MILLIE
(Specify only highest grade of	completed)	(Give kind of world life. Do NOT use n	k done durina mo	st of working	100. Kill	10 OF 00311	1237/1100377		
Elementary/Secondery (0-12)	College (1-4 or 5+)				1		MONT		
NONE	NONE	N	ONE				NONE		
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	fie, Malden St	ımame)		
PAULEI	DWARD M	ARBLE		DANA	A	ANN	Ţ	WYAT:	Γ
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DDRESS (Street a	end Number or Rural i	Route Number,	City or Town,	State, Zip Code	9)	
DANA ANN MARBLE-N	MOTHER	803 0111	RCIIS D	R, HEBRO	MD MD	2183	30		
		. PLACE OF DISPOSITI			III, FID		ATION — City	ne Town S	tete
20e. METHOD OF DISPOSITION 5 / 2 1 XBurlel 2 Cremetton 3 Remo	oval from State	other place) PARSONS CI							
4 Donation 5 Other (Specify)		PARSONS CI				SALI	SBURY	, PID	
21. SIGNATURE OF FUNERAL SERVICE LIC	4			WAY FUNE		ME DA	Ĭ.		
I Holson	Hallow	w	1			-) (D	0.100.1
23. ART I. Entar the diseases, or c	amplications that saves	de death De not		NOW HILL					2 180 1 Approximeta
shock, or heart failure.	List only one cause on	ach iina.	anter the mo	da Di dying, suc	in as cardisc	or respire	itory streat,	!	intarvai Between
IMMEDIATE CAUSE (Final	The second second		- •					!	Onset and Death
disesse or condition resulting in death)	. Electron	chanical	DISSO	cetan	٠			ļ	20 minuk
	OUE TO (OR AS	A CONSEQUENCE OF):						1	
	OUE TO (OR AS	ed Hear	+ Dis	ease				ļ	6 mos
Sequentieily list conditions, if eny, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF):							
csuse. Enter UNDERLYING								ļ	
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST									
	f								
PART ii. Other significant condition	s contributing to death i	out not resulting in	the underlyin	g cause given in	Part i. 24	la. WAS ÂN A			E AUTOPSY FINDINGS
y *						PERFORM			LABLE PRIOR TO
					— l'	TYES 2	NO	OF E	DEATH?
							· [1 [YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	heck only one)				
1 VES 2 NO	HOSPITAL:		THER:	ne 5 🗆 Residence	6 Other (S	Specify)			
27. MANNER OF DEATN	28s. DATE OF INJURY	28b. TIME	OF 28c. IN.	JURY AT	· ·		JURY OCCURE	E0	
1 Natural 5 Pending	(Month, Day, Year)	INJUF	W. W.	ORK? YES 2 NO					
2 Accident Investigation	One DE ACE OF IN IUE	V 44 harm 4 mm at a				011 (01 11 11			
3 Suicide 6 Could not be 4 Nomicide determined	building, atc. (Spe	Y — At home, farm, atri lolfy)	вет, пастогу, опти			Town, State)	d Number or R	rurai Pioute	Number,
Tometor Getermines									
29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurred	at the time, date	end place, and due	n to the ceuse	(s) end menn	ner as stated.		
ann)	R: On the basis of examination	on and/or investigation,	In my opinion,	death occured at the	time, data en	d place, end	due to the ce	use(s) end	menner es atated.
				I are a series and					
29b. SIGNATURE AND TITLE OF CERTIFIER	1.	, Pedi	whic.	29c. LICENSE NU		. 1	29d. DATE SIG	GNED (Mor	ntn, Day, Year)
Commey M	D MURR	AY- Res	ident	AJ414735	789463	3	5	22/	70
30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, P	rint)						
600 N. Worlfe	st. Boo	tronov e	MD	21205	•				
31. OATE FILED (Month, Day, Year) MAY 3 0 190	St. Boa	temore NATURE	MD	21205	•			-	

atte or mending physician. BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 may be in

for use as the burial-transit permit. Pages 1, 2, 3 should

COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZY-MAN'S after death. Page 6 may be TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT, if flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be i

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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The state of the s

I PET

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Ifter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not the State Dent. of Health and Mental Hopern prior to burial, cremation, or removal.	DRTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law req	TO THE FUNERAL DIRECTOR: After this certificate has been the find within 72 hours after death with the State Dept. of	IMPORTANT: if item 28 is marked, or item 23 sho

	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTI CERTIFIC				YGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last	Т	mpy	`		2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF OEATH U:22 OM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTI	HPLACE (State or Foreign		
	229-05-7031 9a. FACILITY NAME (If not institution, give	1 M 2 F	/3 YRS.	ONTHS DAYS	HOURS MIN.		25,1916	GOOG	chland Cty, VA		
DIRECTOR									Prince Georges		
<u></u>	10a. STATE 10b. COUN	TY	10c. CITY, 1	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?		
	Md. PG		Cam	p Sp ri r	ng, Maryl	and			1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?		
띮	6210 Claridge R	oad			20748		U	SA			
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	YER IN U.S. ARMED		ENDENT OF HISPAN Icify Cuban, Maxican			14. RAC Blac	E — American Indian, ck, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES X	1 TYES			,	Spec	Black		
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	HAL OCCUPATION	M.	105 KH	ND OF BUSINESS/I	NUISTRY	DIACK		
	(Specify only highest grad Etamentary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of wor	k done during mo:	at of working	100. Kil	NO OF BOSINESSA	NOOSINI			
급	12th	College (1-4 or 5+)	Carpe	nter			Self Emp	love	4		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		00.200		16. MOTHER'S NA		lie, Maiden Sumame				
	Solie May	0				Nanni	e Poinde	xter			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural F						
2	Thelma C. Mayo		6210 C1	aridge	Rd.: Cam	D Spr	ing. Md.	207	748		
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re	moval from State	20b. PLACE OF DISPOSIT other place)	ION (Name of cen	netery, crematory or	x. x.	20c. LOCATION	- City or T	own, State		
	4 Donation 8 Other (Specify)		Maryland	Nationa	1 Mem. P	ark	Laur	el,	Md.		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	b.ll	Mars	hall's F	unera	1 Home				
	22 Patril Series the discusse of	r Cara	1cov C	4217	9th St	NW: W	ashingto	n, D			
	23. PATTIL Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or haert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Out To join as a consequence of:										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL (PART II. Other algnificant condition	one contributing to de	ath but not resulting in	the underlying	g cause given in		PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
ž											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)					
YSI	1 - YES 2 1 NO			OTHER:	e 5 🗆 Rasidenca	6 🗆 Other (S	(pecify)				
PH	27. MANNER OF DEATH 1 Natural 6 Pending	28s. OATE OF IN. (Month, Day,		SA MC	RK?	28d. DESCR	NOE HOW INJURY	OCCURED			
BY	2 Accident Investigation				YES 2 NO						
ED	3 Suicide 6 Could not b 4 Homicide determined	building, atc	NJURY — At home, farm, atr. . (Specify)	eet, ractory, omic		City or 1	ON (Street and Nun Town, State)	iber or Humil	Ploute Number,		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	(SICIAN: To the heat of my	knowledge, death occurred	at the time date	and place, and due	to the causei	(a) and manner se	stated			
OMP	one)		ination and/or investigation,						(a) and manner as stated.		
	29 SIGNATURE AND FITLE OF CERTIF	ER A	111		29c. LICENSE NUI	MBER	294.0	ATE SIGNE	Month, Dig. Hyar		
TO BE	mon	W/2 M	D XITTEN	lung	1)-24	153	5	5/	30/90		
-	Laxmi Berwa, MD		rats Rd.; C		Md.			la la	/		
	31. DATE FILED (Month, Pay, Year)	32. REGISTRAR'S	SIGNATURE A-RONDOR								

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		THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely
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1.	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PIT	ERA
10	-1	HOS	S
3	-)	4	뿌
-	1	\vdash	\vdash

Ann M. Dixon,
31. DATE FILED (Month, Day, Year)

MN 0 1 '90

							J	0 10001
	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALI ATE OF DE		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	CAROLYN	E	• MER	CER-DALY		5 2	7 9	
1	4. social security number 229-02-7053	5. SEX 6. AGE 1 M 2 V F 3	440	UNDER 1 YEAR IF UNITHS DAYS HOU	NDER 24 HRS. RS MIN.	July 19,		BIRTHPLACE (State or Foreign Country) Jeanda
_	9a. FACILITY NAME (If not institution, give str	eet and number)	96	CITY, TOWN OR LOC		тн	9c. COUNTY	OF DEATH
IOR	University Ho	spital (STU)	Baltim	nore			
DIRECTO	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
5	Florida Mon	nroe	Sı	mmerland	Key			LIMITS?
BY FUNERAL	Box 68-J, Route	6		10f. ZIP 0				of what country? Kingdom
P. L	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 TNO	If yes, specify,C	Cuben, Mexican,	C ORIGIN? (Specify Ye, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗌 YES 2 🐧	NO Specify:			specify:White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use m	JAL OCCUPATION done during most of w tired.)	rorking	16b. KIND OF BU	ISINESS/INDUST	'RY
P.E	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Waitres	s		Resta	urant	
§ S	17. FATHER'S NAME (First, Middle, Last)			16. A	MOTHER'S NAM	E (First, Middle, Maide	Surname)	
BE	William Kenny	Mercer-Daly			Joan	Ransom		
2	190. INFORMANT'S NAME (Type/Print) Nicholas Mercer-Da	al v				oute Number, City or To erland Ke		
	20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITION				DCATION — City	
	1 Donation 5 Other (Specify)	wal from Stata	Metropolit			Ale	xandria	, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE 1 1		GEOTOE	DRESS OF FAC	Las Funer	al Home	,
	· loegel	talk	1)	6160 0	xon Hil	ll Rd. Ox	on Hill	, Maryland
	23. PART I. Enter the difference, or canock, or heart failure.	ompilcations that cause List only one cause on	id the death. Do not sech line.	antar tha moda of	dying, auch	as cardiac or rea	oiretory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					
Z	Sequentially list conditions,	».						
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
EB	resulting in death) LAST	1						
<u> </u>	PART ii. Other significant condition	s contributing to daeth	but not resulting in t	ha underlying cau	se givan in F	Part I. 24a. WAS A		24b. WERE AUTOPSY FINDINGS
DICAL						1 (XYES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN: ME						_		1 N YES 2 NO
Y Y	25. WAS CASE REFERRED TO MEDICAL			20 BI ACE (OF DEATH (Chee	ot est est		
	EXAMINER? 1 X YES 2 NO	HOSPITAL; 1 ☐ Inpatient 2X ER/Ou		THER:				
PHYSI	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY A		28d. DESCRIBE HOW	INJURY OCCUR	ED
8	1 Natural 5 Pending 2 Accident Investigation	5-27-90	10:00	pM 1 □ YES	2 🔀 NO	Passenge	****	uto/auto impac
ا ۵	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Sp	-	et, factory, office		City or Town, State Rt. 197 8		
	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of any tra-	road	d the time data and				I NOCC
COMPLETE	cool only	CIAN: To the best of my kno R: On the besis of examinati						ause(a) and menner as stated.
	296. SIGNATURE AND TITUE OF CERTIFIES				LICENSE NUM	-11-202-311-16-2		IGNED (Month, Day, Year)
386	Mens	VM-			OCM			28-90
입	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	EATH (ITEM 27) (Type, Pri	int)				

111 Penn Street

Davidson-Randell

DHMH-16 Rev 1/89

Baltimore, MD 21201

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

212-03-3556

DECEDENT'S NAME (First, Middle, Last)

AUGUST August Joseph

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5. SEX

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3-26-12 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Greater Laurel Beltsville Hospital DIRECTOR Prince George Laurel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Fulton 1 TYES 2 THO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 20759 12008 Rt. 216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2/ Married IF YES, GIVE WAR OR DATES Spectly: White BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Take kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew P. Myers Cathrine Miller page 5 should be at notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sylvia Myers 12008 Rt. 216 fulton, Maryland 20759 204.METHOD OF DISPOSITION 2 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burlel 2 Cremetion 3 Removal from State must director, Strongohns Lutheran Church Cem. Waterloo, Maryland 4 Donation 5 D Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. examiner filled in by the funeral on, or removal. 7601 Sandy spring Rd. Laurel, MD 20707 100759 medicai 23. PNor I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Betwe shock, or heart failure. List only Onset and Death IMMEDIATE CAUSE (Final the DUCHEDIAL THE FARCTION DUE TO (OR AS A CONSEQUENCE OF): cremation disease or condition_ and completely f to burial, cremation resulting in death) or other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST the atter injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? and t ADENOCARINOMA LUNG ARRHUTHMIA shows any Signed l 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item this certificate OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO ig Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF DEATH 26a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with marked, INJURY WORK? 1 Natural 5 Pending 1 YES 2 NO After t BY 2 Accident 28a, PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .69 COMPLETED 6 Could not be DIRECTOR: A 4 Homicide 28 determined hours 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If II EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE INDITION OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 6 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAINLE GEORGE STREET 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 30 '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

MONTHS

8. AGE (in yrs. lest birthday)

78

Nyers

HOURS

IF UNDER 24 HRS.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

MONTH

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should Page 6 may be death.

DHMH-16 Rev 1/89

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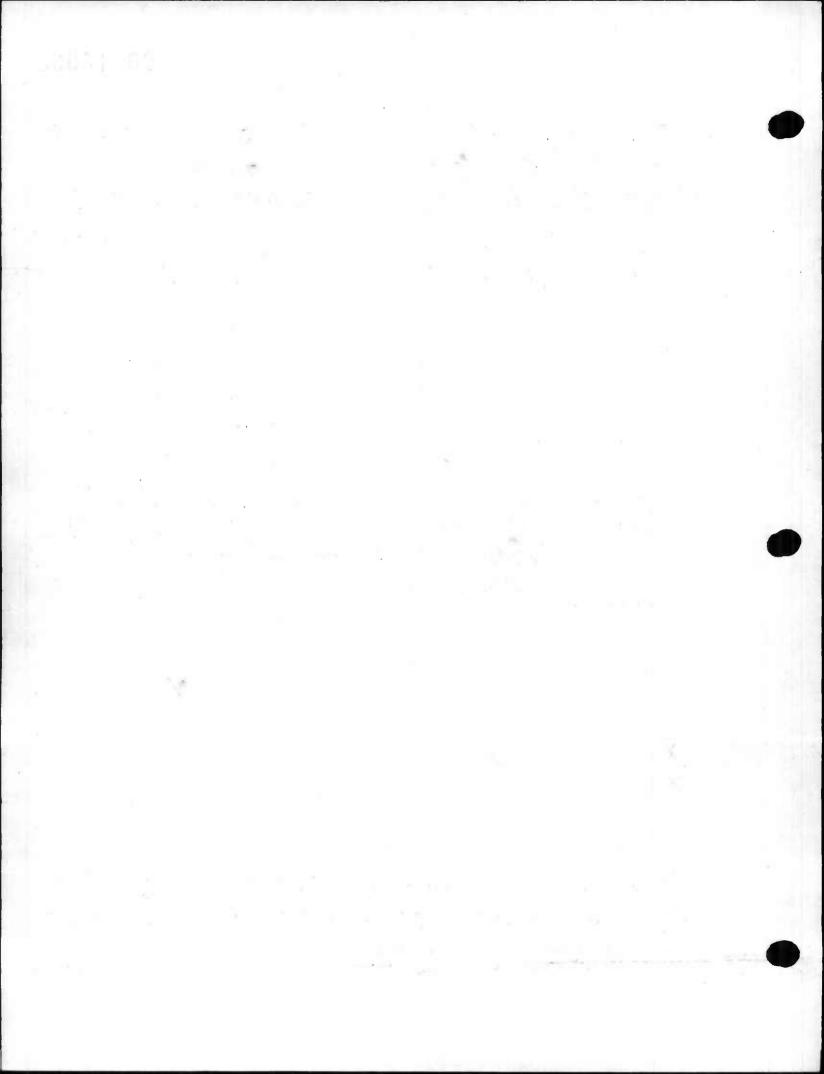
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN W	MCJohn	Wallace	McGir	ın	2. DATE MONTE	OF DEATH	JEAR 3.	TIME OF OEATH
TOR	4. SOCIAL SECURITY NUMBER 218-12-1929	1 0 F	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HHS. 7. DATE OF BIRTH (Month) Day, Year 7 7 7 2					Country)	ACE (State or Foreign Yland
	9a. FACILITY NAME (If not institution, give so 10 2 th RESIDENCE OF DECEDENT	North Anundal Hosp Glen Burnie Dec. COUNTY OF DEATH							7
DIRECTOR	10s. STATE 10b. COUNTY			WN OR LOCAT	Burnie				Od. INSIDE CITY LIMITS? VE YES 2 NO
	100. STREET AND NUMBER	Anne Arund	ell		ZIP CODE		7.000.00	IZEN OF WHA	AT COUNTRY?
BY FUNERAL	804 S. Crai 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	N HIGHWAY 12. WAS DECEDENT EVER IN FORCES? 1 ∑ YES IF YES, GIVE WAR OR DA WW II / KO:	2 NO	If yes, spi	2106 ENOENT OF HISPAN Horify Cuben, Mexical NO Specify	IIC ORIGIN	? (Specify Yea or No-	J.S.A 14. RACE — Black, V Specify: Whi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo lred.)		16b.	KIND OF BUSINESS/IN	DUSTRY	
MP	8 17. FATHER'S NAME (First, Middle, Last)		CO	OK .	10 1407145715 NA	MP (FI-)	restaui	cant	
CC		W. McGinn			16. MOTHER'S NA		ora Delah	าล	
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street a	nd Number or Rural I		per, City or Town, State, Z		
F	Mrs. Peggy Da					Ave	. Cambri		
- 8	28a. METHOD OF DISPOSITION 197 Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from Stata Mo	die Vetera	ans Ce	emetery		Hurloc	k Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THOMAS FUNERAL HOME 700 Locust St. Cambridge Md. 21613							HOME	
	23. PART I Enter the diseases, or								Approximete
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Authorized Description of the property of the								
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.								
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	RT ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO						C	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
M						- 1		1	YES 2 NO
NAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		THER: Nursing Hor	e 5 🗆 Residence	a 🗆 Othe	er (Specify)		
ву РН	27.MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATÉ OF INJURY (Month, Day, Year)	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 22c. INJURY AT WORK? 1 YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Run City or Town, State)					er or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Paymon Deputy DO6054 29d. DATE SIGNED (Morth, Clay, Voor) \$ 5/31/90								
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (1) 1/1/1AM TOWES, MD 695 America 21035								
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	Davidson-Rand	400					





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE OF		WENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	DEATH	2. DATE OF DEATH		3. TIME OF OEATH			
	RUTH MARION McCANN		May 22, 19	90	9:47 P _M			
	4. SOCIAL SECURITY NUMBER 5. SEX Fem. 8. AGE (In yrs. lest birthday) IF UNDER 1 YEA		7. OATE OF BIRTH	6. BIRTH	PLACE (State or Foreign			
	177 10 9996 1 □ M 2XXVF 75 YRS. MONTHS DAI	AS HOURS MIN.	May 9, 1915	Peni	nsylvania			
~		VN OR LOCATION OF OR		c. COUNTY OF O				
DIRECTOR	Magnolia Hall Nursing Center Chesto	ertown, Md	•	XXXX	KENT			
<u>ي</u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO				10d. INSIDE CITY			
	Maryland Queen Anne County Chester	town R	FD		1 YES 2 NO			
₹	100. STREET AND NUMBER RFD P.O. Box # 178	101. ZIP CODE	1	og. CITIZEN OF V				
FUNERAL		21620	IIC ORIGIN? (Specify Yes or	USA				
	1 Never Married 2 Married FORCES? 1 YES 2 100 If yes	Biaci	E — American Indian, k, White, etc.					
ВХ	3 🔀 XVIdowed 4 🗆 Divorced No	YES 2 NO Specif	No	WH.	ÎTE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) (Iffe. Do NOT use retired.)	PATION g most of working	16b. KIND OF BUSINI					
	Elementary/Secondary (0-12) College (1-4 or 5+) Registered No		Hospita	il (s)				
M	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Sur	mama!				
Č E	David Lawrence	Le		rian'ey				
00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str.	set and Number or Rural	Route Number, City or Town, S	State, Zip Code)				
2		# 178 C	nestertown,	Md. 216	520			
	20s. METHOD OF DISPOSITION Burial 1\(\) Burial 2 \(\) Cremation 3 \(\) Removal from Stata 4 \(\) Dongition 5 \(\) Other (Specify) Mount Hope Cemet	f cemetery, cremetory or	(100)	FION — Cify or To	own, State			
		ery (5/2)		, Pa.				
			ls Chester	O. Box i				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) BUE TO (OR AS A CONSEQUENCE OF):			ory arrest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.							
AL (PART II. Other eignificant conditions contributing to death but not resulting in the under				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
200	Previous Cerebrovascular 1	Acciclus	1 - YES 2 @		COMPLETION OF CAUSE OF DEATH?			
ME			_		1 _ YES 2 _ NO			
Ä	25. WAS CASE REFERRED TO MEDICAL 2							
22	EXAMINER? HOSPITAL: OTHER!	6. PLACE OF DEATH (Ch						
PHYSICIAN: MEDIC	27. MANNER OF CEATH 28s. DATE OF INJURY 28b. TIME OF 28c	Home 5 Residence	8 U Other (Specify) 28d. OESCRIBE HOW INJI	URY OCCURED				
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	WORK?						
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, building, stc. (Specify)	office	281. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,			
COMPLETED	4 Homicide determined		,					
2	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, one)							
ő	2 MEGICAL EXAMINER: On the basis of examination and/or investigation, in my opinion	on, death occured et the	time, date and place, and o	fue to the cause(s	a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER	1) 00.3	MBER 2	De SIGNES	(Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1 5 0 0 0						
		ertown, Md	. 21620					
5	31. DATE FILED (MONTH), Day, Your MAY 23 90 32. RAGISTRAR'S SIGNATURE Pandelle							

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permit. Pages 1, 2, 3 should

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If how 28 is marked, or from 23 shows any Indirey, or other traumable event, the medical examiner must be notified at once.

Arnold William Miller STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDED IN NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1:36pm 90 MUOLT 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 5-05 SHIN 1 XM 2 - F -120 12 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH c. COUNTY OF DEATH Washington County Hospital DIRECTOR Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Maryland Hagerstown 1 - YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 236 Rosewood Drive 21740 **USA** 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify BY 3 Widowed 4 Divorced white WW2 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET 12 years College (1-4 or 5+) machinist truck manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Harrison Miller Rose Marie Steckman BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Teresa M. Miller 236 Rosewood Drive Hagerstown, Maryland 21740 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 Re 4 Domition 5 Other (Specify) Rest Haven Cemetery Hagerstown, Maryland 22, NAME AND ADDRESS OF FACILITY Gerald N. Minnich 21, SIGNATURE OF FUNERAL SERVICE LIQ 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cardiec or reepiretory street, Approximate shock, or heert fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Finei disease or condition MYO CHADIN UN TE recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): 5 CLOKUT KTERIO CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMER 035174 1 TYES 2 NO OF DEATH? HYPOX CITOLESTENOR 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 | tient 2 - ER/Outpatient 3 - DOA e - Other (Specify) 27. MAJINER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide e Could not be COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE HYSKIM AMILY 66 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1825

32. REGISTRAP'S SIGNATURE
Funa Davidson-Randale

Day, Yes

3,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the The Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE	T DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AV 1	3. TIME OF DEATH	
Calvin Leon MARTZ			May 29			and the state of t		
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
217- 12- 2667	%□ M 2 □ F 70	YRS.	MONTHS DAY	/S HOURS MIN.	(Month, Day, Year)	919	Country) Boliver, Md.	
9a. FACILITY NAME (If not institution, give at			9b. CITY. TOV	VN OR LOCATION OF DI			Y OF DEATH	
8923 Maplevili	ie ka.		Boons	sboro		wasn:	ington	
10a, STATE 10b, COUNTY		10c. CITY	TOWN OR LO	CATION			10d, INSIDE CITY	
Maryland Wash:	ington	Boo	nsbor	2			LIMITS?	
10e, STREET AND NUMBER		2500	71100011	101, ZIP CODE		Lan- OFFITE	N OF WHAT COUNTRY?	
8923 Mapleville I	Rd.		21713			S.A.		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— I4. RACE — American Indian, Black, White, atc.) 14. Naver Married 2 V Married Status (Specify Cuben, Maxican, Puerto Rican, etc.) 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yas or No— Black, White, atc.)						I. RACE — American Indian,		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			, specify Cuban, Maxico YES 2 X NO Specif			specify: White	
15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BU	SINESS/INDU	STRY	
(Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during e retired.)	g most of working				
8	College (I-4 or 3 +)	Farmer	•		Farmi	na		
17. FATHER'S NAME (First, Middle, Last)		- Californ	-	18 MOTHED'S N	ME (First, Middle, Maider			
Alvey V. Martz								
					irginia Ga			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tou			
Annabelle Mart	2	8923	Maple	ville Rd.,	Boonsboro	, Mary	land 21713	
20e. METHOD OF DISPOSITION Disposition Disposition	20	b. PLACE OF DISPOS other place)	ITION (Name o	f cemetery, crematory or	20c. LC	OCATION — CI	ty or Town, Stata	
4 Donation 5 Other (Specify)	E E	eaver Cre	ek Cer	metery	Bea	aver Ci	ceek, Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEED 1 011A	10	22, NAM	E AND ADDRESS OF FA			onsboro Pike	
▶ John H. Bas	st, Gr. 11 th	app	BAS	r funeral			co, Md. 21713	
23. PART I. Enter the diseases, or cashock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	eech line.	har	1 Fai	hure	olratory arres	Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Due To (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):							
PART II. Other algnificant condition	s contributing to death	but not resulting i	n the under	lying cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
oual	ites nu	letus			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
			· N.		1 🗍 YES	2 NO	OF DEATH?	
							1 YES 2 NO	
				· · · · · ·				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)			
		tpetient 3 🗆 DOA		Home 8 🗆 Residence	6 🗆 Other (Specify)			
1 TYES 2 THO	1 11 Inpartient 2 11 EH/OU							
27. MANNER OF DEATH 1. Natural 8 Pending	28a. DATE OF INJURY (Morith, Day, Year)		URY	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCL	PRED	
27. MANNER OF DEATH	28a. DATE OF INJURY	INJ IY — At home, farm, a	M 1	WORK?	284. DESCRIBE HOW 281. LOCATION (Street City or Town, State	and Number o		
27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, decity) wiedga, death occurre	M 1 street, factory,	WORK? YES 2 NO office	281. LOCATION (Street City or Town, State	t and Number o	r Rurel Route Number,	
27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp. CIAN: To the best of my knoth	Y — At home, farm, decity) wiedga, death occurre	M 1 street, factory,	WORK? YES 2 NO office	281. LOCATION (Street City or Town, State	t and Number of s) anner as states and due to the	r Rural Route Number, 1. cause(a) and manner as stated.	
27. MANNER OF DEATH Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only one 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Sp. CIAN: To the best of my knot. R: On the basia of examinet	INJ TY — At home, farm, a celly) wiedga, death occurre on and/or investigation	M 1 street, factory, and at the time, n, in my opini	WORK? YES 2 NO office	281. LOCATION (Street City or Town, State	t and Number of s) anner as states and due to the	r Rural Route Number,	
27. MANNER OF DEATH Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp. CIAN: To the best of my knoth	INJ TY — At home, farm, a celly) wiedga, death occurre on and/or investigation	URY M 1 street, factory, ad at the time, n, in my opinis	WORK? VES 2 NO office data and place, and du on, death occured at the	281. LOCATION (Street City or Town, State	t and Number of s) anner as states and due to the	r Rural Route Number, 1. cause(a) and manner as stated.	
27. MANNER OF DEATH Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only one 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Sp. CIAN: To the best of my knot. R: On the basia of examinet	INJ TY — At home, farm, a celly) wiedga, death occurre on and/or investigation	M 1 street, factory, and at the time, n, in my opini	WORK? VES 2 NO office data and place, and du on, death occured at the	281. LOCATION (Street City or Town, State	t and Number of s) anner as states and due to the	r Rural Route Number, 1. cause(a) and manner as stated.	
27. MANNER OF DEATH Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only one 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Sp. CIAN: To the best of my knot. R: On the basia of examinet	Wiedge, deeth occurring and/or investigation and/or	URY M 1 street, factory, ad at the time, n, in my opinis	WORK? VES 2 NO office data and place, and du on, death occured at the	281. LOCATION (Street City or Town, State	t and Number of s) anner as states and due to the	r Rural Route Number, 1. cause(a) and manner as stated.	

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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR	1	•	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE (OF DEATH		REG. NO.			
1. DECEMENT'S NAME (First, Middle, Last)	ROBERT	DWARD MA	LOY		2. DATE MONT		10	YEAR	1. TIME OF DEATH 9:03 Am
4. SOCIAL SECURITY NUMBER 218-62-7791	1 X M 2 🗆 F 3	7 YRS. MO		YS HOURS MIN.	(Mont) 05	of BIRTH		Hay	LACE (State or Foreign
99. FACILITY NAME (If not institution, give s Washington (Owy) RESIDENCE OF DECEDENT	Hapitel		as	Town,	HG.			Shin	
10s. STATE , 10b. COUNTY	ashington	10c. CITY, TO		ocation Town				1	Od. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER	DEDRIVE			10f. ZIP CODE 21744	9		10g. CITI	LSA	AT COUNTRY?
11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If ye	s, specify Cuben, Mexica YES 2 NO Specify	n, Puerto		or No—	14. RACE - Black, Specify.	- American Indien, White, atc.
15. OECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USI	UAL OCCU	PATION	168	. KIND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	(Give kind of work life. Do NOT use re Labore:		g most or working	I	Refrige	erati	lon Co	ompany
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		Middle, Maiden	Sumame)		
James I	Elwood 1	Maloy S	r.	Pats	y	Delo	ces	7	Zeigler
19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural					
Patsy D. Maloy	7	69 La	kesi	de Drive,	Hage	erstown	ı, Ma	rylar	ıd
20e, METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other place) Rest Haven	Ceme	etery				own, Wa	n, State Ash., Md.
21. SIGNATURE OF FUNERAL SERVICE LI	Brade	'n	And	rew K. Co:	ffmai				Inc. vn, Md. 2174
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF): A CONSEQUENCE OF):	gkins	symph	omo	2			Onset and Death
resulting in deeth) LAST									
PART II. Other significent condition	ns contributing to deeth	but not resulting in t	the unde	riying ceuse given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T			26. PLACE OF DEATH (C)	neck only o	ine)			
EXAMINER?	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Out		THER:	Home 5 - Residence					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		OF 28	c. INJURY AT WORK?		SCRIBE HOW I	NJURY OC	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	(Y — Al home, farm, stre	et, factory,	, office		CATION (Street or Town, State)		or Rural Ro	oute Number,
CONTROL OTHY	ER: On the bast of my kno								end menner ee stated.
29b. SIONATURE AND TITLE OF CERTIFIE	Paul Ya	azdani, M.		29c. LICENSE NU	MBER 246		29d. 0AT	S/I/C	Month, Day. Year)
30, NAME AND ADDRESS OF PERSON WITH	d Mr. H	a Jospon.		1 2170	40				
JUN 04 90	32. REGISTRAR'S SIG	widson-Randa	02						

41.7 40.18

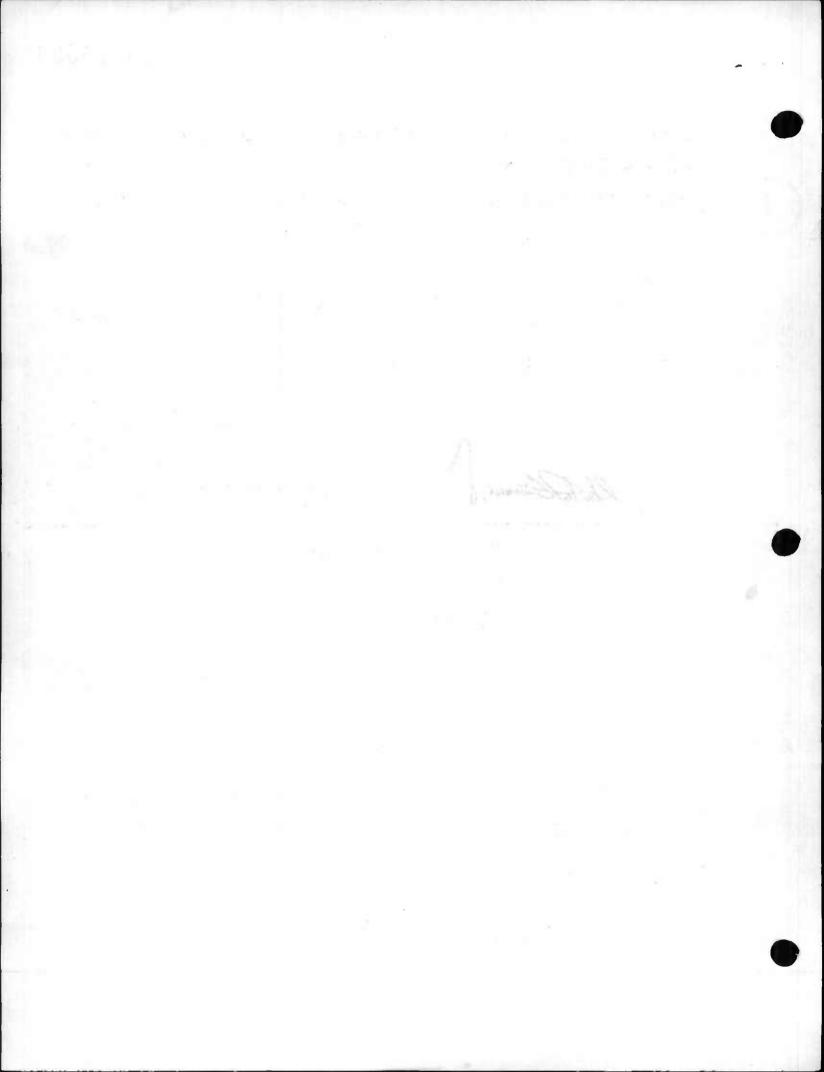
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If item 28 is marked, or item

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				GIENE 3. NO.		
1. DECEDENT'S NAME (First, Middle, Last) SAdie	irginia	MURI	Ray		2. DATE OF DE		YEAR 3.	TIME OF DEATH
220-16-30041	□ M 2 💢 F		UNDER 1 YEAR OF A STATE OF A STA	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIR (Month, Day, Aug. 2	7,1912	8. BIRTHPLE Country) Mar	ACE (State or Foreign yland
98. FACILITY NAME (If not institution, give stree GOLDLIN AGE GN. RESIDENCE OF DECEDENT	e and number)	96.	and .	SVIUE	EATH	9c. COUR	AJULUI	TH
10a. STATE 10b. COUNTY	roll	10c. CITY, TO	Syk	on esvill	е			d. INSIDE CITY LIMITS? YES 2 1 NO
100. STREET AND NUMBER 120 Favorite As	ve.		10f.	21784			U.S.	A .
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, spe	CITY Cuben, Maxica 2 NO Specific	n, Puarto Rican,	offy Yea or No-	14. RACE — Black, W Specify:	American Indien, vitila, etc.
	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mos ired.)	t of working	16b, KIND	OF BUSINESS/IND	USTRY	
6 yrs. 17. FATHER'S NAME (First, Middle, Last) John Ridgley	none	Seams	stress	18. MOTHER'S NA	ME (First, Middle, e Thom			
190. INFORMANT'S NAME (Type/Print) Shirley E. Hawk	cins			nd Number or Rural	Route Number, City	or Town, State, Zip	11.	. 21784
20a. METHOD OF DISPOSITION 1 Carrier 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	A	PLACE OF DISPOSITION THE PIECE Park	N (Name of cert	etery, crematory or		Balto.	City or Town	, State
21. SIGNATURE OF FUNERAL SERVICE LICENSES	Bernet,		Rurr	ier Fu ield,	neral	Home	784	
23. PART I. Enter the diseases, or conschock, or heert fellure. Lie immediate CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (9A AS A C	CONSEQUENCE OF):	+ Cav		h ea cardlec o	r reapiratory an	est,	Approximate Interval Between Onset and Deeth
PART II. Other algnificent conditions of	contributing to deeth but	t not resulting in th	ne underlying	ceuse given in	- 1	NAS AN AUTOPSY PERFORMED? YES 2 NO	CC OI	ERE AUTOPSY FINDINGS MILLABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO
	fOSPITAL:	Nort 2 DOA	THER:	ACE OF DEATH (C)				
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	JRY AT RK7		HOW INJURY OC	CURED	
2 Accident Investigation 3 Suicide S Could not be detarmined	28e. PLACE OF INJURY – building, etc. (Specifi	- At home, farm, stree	t, factory, office		28t. LOCATION City or Town	(Street and Number n, State)	or Rural Rou	te Number,
onel	N: To the best of my knowle On the basis of examination							nd manner as stated.
296. SIGNATORS AND THE OF CEPTIFIER THE THE THE THE THE THE THE THE THE THE	4up			29c. LICENSE NU D 2080		29d. DAT	E SIONED IM	onth, Day, Year)
A TRICK TURNES	g MD	1425 Libi	erty Re	& ET	lesbu	e uno	2128	4
JUN 4 '90	32 REGISTRAD'S SIGNA	- gardess			/			



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SIVIQ(NOIS	OF	NT.	AL	REC	ORC	S, P	0	BOX	131	46,		BAL	LIMO	RE,	BALTIMORE, MARYLAND 21203-3146	F	VD 2	1203	-31	46
THE THE MISSIAN, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The unit of the hospital or attending physic	AL OR ATT	ENDING	PHYSI	CIAN:	The law	v require	es that	the deat	h certif	ficate be	execute	d within	SINO	after death	n. Page 6	may by	retained	by the	hospital	or afte	Dulpu	phys
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	AL DIRECTO	JR: Afte	r this ce	ertifical the Star	te Dept	been sig	gned by	the att	Hygier	physicia ne prior	n and co	ompletely I, cremati	filled in the	by the fune	eral direct	or, page	5 should	be det	ached fo	or use a	s the	buris
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	If Item 28	s is m	arked,	or Ite	m 23	shows	g amy	nlury.	or oth	er trau	matic	event, t	he medi	cal exan	liner m	ust be	notified	at on	CB.			

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)										TE OF D	EATN DA	v	YEAR	3. TIME	OF DEATN	
ĺ	Edward L	eo Mc	Knight									v 2	_	990	T EATT			М
Ì	4. SOCIAL SECURITY NUMBER	BER	6. SEX	6. AGE (In	-		F UNDER 1 Y	YEAR MAYS	IF UNDER	24 HRS.		rE OF BI			8. BIRTI Count	NPLACE (S	itate or Foreign	
	577-60-635		1 X M 2 □ F		86	YRS.	UNTINS	MYS	HOURS	mare.		pt.		190			lvania	
_	9s. FACILITY NAME (If not in	stitution, give si	treet and number)			9	b. CITY, T	OWN C	OR LOCATIO	ON OF DE	EATH		2000		NTY OF E			
DIRECTOR	Regency Nu	rsing	Center				Fore	stv	ille					Pri	nce	Geor	ges	
E E	10a. STATE	10b. COUNTY				10c. CITY,	TOWN OR	LOCAT	TION								BIDE CITY	\neg
	Maryland	Princ	e George	S		Clin	ton									1000	S 2 X NO	
FUNERAL	10e. STREET AND NUMBER							101	. ZIP CODI	Ē				10g. CIT	IZEN OF	WHAT COL	JNTRY?	\neg
5	6816 Grovet	on Dri						L	2	0735	5			U	.S.A			
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES?	YES	2 PNO				ENDENT C					or No	14. RAC Blac	E - Amer k, Whits, o	ican Indian, etc.	
B	3 Widowed 4 Dive		IF YES, GIVE	MAR OR DAT	TES		1 [YES	2 X NO	Specif	ly:				Spec	wh:	ite	
		EDENT'S EDU			(G/ve	EDENT'S US	k done du			ng	1	ISB. KIND	OF BUS	INESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. C	Do NOT use	retired.)						_					- 1
₽ Z	11				pri	inter			<u> </u>	<u></u>				over	nmen	t		
	17. FATNER'S NAME (First, A													Sumame)				
H	Edward Dan		Knight		400					ther								\rightarrow
2			D 1 ·			MAILING A												
	Marilyn Mc		Enterli			316 G					nto	n.		207		own, State		-
	1 Durisi 2 Cremati	on 3 🗆 Rem	oval from State		other plac	(e)	,			natory or								
	IL SIGNATURE OF FUNERA		PAREE .	- N	asnı	ingto			ND ADDRE	SS OF FA	ACILITY			itla				\neg
	Du	ta L	4 Huch	Lon			Ro	ber	t E.	Wil	hel	m,	Inc.				land F	
	23. PART I. Enter the d shock, or h		complications the			th. Do no	t enter ti	ne mo	ode of dy	ing, suc	ch as c	ardiec	or respi	retDry ar	rest,		pproximate tarvai Betwe	nen l
	IMMEDIATE CAUSE	1	1			1	1										nset and De	
	disease or condition	→				0.	203	15								130	48 M	8.
			DUE TO	OR AS A	CONSECU	UENCE OF):	1	0)			0					2	
ج ا ج	Sequentially list condi-	tions,	b	2 400 40 4		njee	red	Ol	ecul	Mu	· u	Xu	n!			- 1	2 mos	_
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):																		
윤ㅣ	CAUSE (Disease or injuthat initiated events		C. DUE TO	O (OR AS A	CONSEQU	UENCE OF):												
	resulting in death) LAS	ST T	d															
	PART II. Other signific	ant condition	a contribution to	n death hi	it not no	audėlna in	the und	a eta des		elues le	- Boot I	Las	MM 0 4 M	AUTOPSY	Las	L were a	UTOPSY FINDIN	100
\$	PART II. Ottler signific	ant condition	alzk	A		_			_	Given in	Parti		PERFO	RMED?	24	AWAILAB	LE PRIOR TO	
MEDICAL			aczn	eim	u v	_0.	420	ميارا				1 [YES 2	□ NO		OF DEAT	TH?	
_																1 🗌 YE	ES 2 NO	
AN	25. WAS CASE REFERRED	TO MEDICAL					_	26. P	LACE OF D	DEATH (C	heck onh	v one)						\dashv
S	EXAMINER?		HOSPITAL:	□ EB/Outpu	etlant 3		OTHER:		ne 5 🗆 R	-		87 =	notha					
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE O	F INJURY	T	28b. TIME	OF 2	Sc. IN	JURY AT	esidence	_			NJURY O	CURED			\dashv
		Pending Investigation	(Month,	Day, Year)		INJU	RY M		YES 2 [NO								_
BY	2 Accident 3 Suicide	Could not be	26a. PLACE	OF INJURY	— At hon	ne, farm, str	eet, fector	y, offic	ce		28f, L	OCATIO	N (Street	and Numbe	or or Rural	Route Nur	nber,	\neg
	4 Nomicide	determined	bullaring	, atc. (Speci	ny)						,	Jity or 10	wri, State,					- 1
۳	29s. CERTIFIER 1 CER	TIFYING PNYS	ICIAN: To the best of	of my knowle	edge, des	th occurred	at the tirr	e, date	s and place	e, and du	s to the	cause(s	and ma	nner sa st	sted.			
COMPLETED	(Control Only)		ER: On the basis of													(s) end ma	nner as stated	d.
	29b. SIGNATURE AND TITL	E OF CERTIFIE	R	1	10	11		_	29c. LIC	ENSE NU	JM8ER			29d. DA	TE SIGNE	D (Month.,	Day, Year)	\dashv
BE			1.8	lan	ond	you	my		U	20:	96	10		•	5/	29/9	20	
2	30. NAME AND ADDRESS (F PERSON WI	O COMPLETED CA	USE OF DEA	ATH (ITEM	(Type, I	Print)								1	/		
	31. DATE FILED (Month, Day	(Vear)	32. REGISTE	AR'S RIGH	ATURE			_				_						_
	UN 0 1 '90	2.	lia Savidson															
	TOT OU	30	MOON I WOOM															

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1	FOR STATE
	 REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR C	ERTIFIC	ATE OF	DEATH	RI	EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF C		WEAR	3. TIME OF OEATH				
	SYLVIA CORNELIA	MAL	RY		MONTH	23	90	8:00 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTH	PLACE (State or Foreign				
	217-42-2312 1 M 2 F 86 9a. FACILITY NAME (If not institution, give street and number)	YRS.	ONTHS DAYS	HOURS MIN.	April	24, 190	Country W .	Vinginia				
e B	6404 51st Avenue		Riverd	ale	ATH			George's				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY 1	OWN OR LOCAT	ION				10d, INSIDE CITY				
DIRECTOR	Maryland Prince George's		erdale	ion				LIMITS?				
FUNERAL	10e. STREET AND NUMBER 6404 51st Avenue		101	20737				States				
FUN	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Marriad 1 ☐ Never Married 2 ☐ Marriad 1 ☐ FYES, GIVE WAR OR DATES	ARMEO	13. WAS DEC	ENDENT OF HISPAN selfy Cuban, Maxical	IIC ORIGIN? (Sp n, Puerto Ricen	pecify Yea or No	14. RACE Black	American Indian, c, White, etc.				
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	,,,	1 🗍 YES	2X NO Specify			Cau	v: icasian				
COMPLETED	(Specify only highest grade completed)		K done during mo etired.)		16b. KIN	O OF BUSINESS/II	NDUSTRY					
MPL	7th H	omemal	ker			n Home						
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAI			1					
BE	James McKee											
2	1,7			nd Number or Rural F lace, Hy				20782				
	1 X Burial 2 Cremetton 3 Removal from State / Other	place)		netery, cremetory or		20c. LOCATION						
	4 Donatton \$ QherySpecity Carr 21. SIGNATURE OF EMPERAL SERVICES JOENSEE	IIIH G	Cemete		CILITY	Paw Pa	w, W	. Virginia				
	Vart Al Dro Kondin)		CIS GAS Balt. Av				RAL HOME				
	23. PART I Enter the diseases, or complications that caused the shock, or heart fellure. Liet only one cause on each lie	death. Do not						Approximate				
	IMMEDIATE CAUSE (Final	ne.						Interval Between Onset and Death				
	disease or condition resulting in death) a. OUE TO (OR AS A CONS	HILL	11	ſ								
z	- arteriosc	lerotic	, hea	eut d	islai	l						
ATIO	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING	EOUENCE OF):										
DICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONS	EOUENCE OF):										
CERT	resulting in death) LAST											
AL O	PART II. Other eignificant conditions contributing to death but no	t resulting in	the underlyin	g cause given in	Part I. 24s	. WAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
8					1[YES 2 DAG		OF DEATH?				
M	1 TES 2 NO											
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO											
BY PHYSICIAN: ME	27. MANNER OF OEATH 1 Netural 5 Pending 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	TY W	TURY AT DRK? YES 2 NO	28d. OESCRI	BE HOW INJURY	OCCUREO					
	2 Accident Investigation 3 Suicide 6 Could not be	home, farm, str				ON (Street and Num own, State)	ber or Rural	Route Number,				
ETE	4 Nomicide datarmined											
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE. On the beats of my knowledge, which is the control of the beats of my knowledge, one)							a) and manner as stated.				
BE CC	29b, SIGNATURE AND TITLE OF CENTENEN			29¢ LICENSE NUI				(Month, Day, Year)				
TO B	1100/100/			11649	2	•	2/1/2	190				
_	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, P	ROAD	Koc	ckville	MD	20	0852				
	31. DATE FILED (MOONT), Day, Year) 32. REGISTRAR'S SIGNATURE SIGNATURE Fulia Davidson	10										
	MAY 29 90 guille Davidson	Aprilian						DHMH-16 Rev 1/89				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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DING PHYSICIAN: The law requires that the death certificate be executed within Jun's after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 stylengen on Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ENDIN	THE FUNERAL DIRECTOR: After fleath within 72 hours after death	Item 28 is ma
3 ATT	RECTO ITS aff	m 28
HE HOSPITAL OR AT	AL DIF	If Ite
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5	2	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 MEDICAL EXAMINER: On the basis

T"'90

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO BE COMPLETED BY FUNERAL DIRECTOR

										90	1034
FOR 1 STATE	STATE OF MARY						MENTA	L HYGIEN	E		
REGISTRAR		CERTIF	ICATI	E OF	DEA	ГН		REG. NO.			
John L. Myles							2. DATE	OF DEATH	3	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1	IF UNDER		7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
060-28-8312	-	79 yrs.	MONTHS	DAYS	HOURS	MIN.		70771			York
90. FACILITY NAME (If not institution, give sti Fairhaven	eet and number)				vil		ATH			roll	
RESIDENCE OF DECEDENT			3)	, Kes	- V T T	TE			Car	LOLI	-
10e. STATE 10b. COUNTY		1000	Y, TOWN							1	Dd. INSIDE CITY LIMITS?
Maryland Car	roll	S	ykes	svil	.Le					1	YES 2 XNO
100. STREET AND NUMBER 7200 Third Ave	nue			101	21	€ 784			-		ar country? 1 States
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGII	N? (Specify Yea	or No—	14. RACE -	- American Indian,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES				ecity Cube 2 XNO			Ricen, etc.)		Black, 1 Specify:	White White
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S (Give kind of	USUAL C	CCUPATIO	ON ast of worki	na	168	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Sto	se retired.)					Ba	anki	ing	
17. FATHER'S NAME (First, Middle, Last)				_	16. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
Arthur Myles					G	enev	/iev	e Law	renc	e	
19e. INFORMANT'S NAME (Type/Print)								ber, City or Tow			0170/
Fairhaven		720					= 5 y				21784
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	other place) Carroll					ces		mpste		
21. SIGNATURE OF FUNERAL SERVICE LIC			22.	NAME A	NO ADDRE	SS OF FA	CILITY				
· brian	L. Haig	ght						me (P 784 (
23. PART I. Enter the diseases, or of ahock, or heart fellure.	omplications that cause	ed the deeth, Do	not ente	r the mo	de of dy	ing, auc	h ae car	diec or reepi	retory arm	eet,	Approximata interval Between
IMMEDIATE CAUSE (Final	4 1	1 4		_	1		1	/			Onset and Death
disease or condition reaulting in death)	Hrenos		, (caro	110V	75CU	lar	di	seas	<u>e</u>	
	DUE TO (OR AS	A CONSEQUENCE O	PF):								
Sequentielly list conditione,	DUE TO (OR AS	A CONSEQUENCE O	F:								
If any, leading to immediate cause. Enter UNDERLYING			,								1
CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE O	F):								
resulting in deeth) LAST	1										
PART ii. Other algnificant condition	a contributing to deeth	but not reaulting	in the u	nderiyin	g ceuee	given in	Part i.	24a, WAS AN	AUTOPSY	24b, V	VERE AUTOPSY FINDINGS
	_ 50=10104011040							PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
								1 🗍 YES 2	E-NO		F DEATH?
											20 2
25. WAS CASE REFERRED TO MEDICAL					LACE OF I	DEATH (Ch	eck only o	ne)			
EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Ou	rtpetient 3 🗆 DOA	OTHE		ne 5 🗆 R	esidence	e 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year	y 28b. TIR	WE OF	28c. IN.	JURY AT		28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
1 Natural 5 Pending 2 Accident Investigation			М		YES 2	NO					
3 Suicide 8 Could not be determined	26s. PLACE OF INJU building, etc. (Sp	RY — At home, farm, pecify)	street, fac	ctory, offic	00			CATION (Street or Town, State)		or Rural Ro	ute Number,
29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, death occur	red at the	time, det	e end plac	e end due	to the ca	suse(s) end ma	nner as stat	ad.	-

29c. LICENSE NUMBER

at once.

ART AND 21203-3146

1

. 5	FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL	HYGIENE REG. NO.
DE	CEDENT'S NAME (First, M	liddle, Last)		2. DATE O	
	Marv	Jean	Mclane	Мау	26

	REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH							
	Mary Jean McLane			990 5:30 P *							
		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	227-62-3840 1 M 2 7 F 42 YRS.	ONTHS DAYS HOURS MIN.	07-01-47	Maryland							
	9e. FACILITY NAME (If not institution, give street and number) 9	b. CITY, TOWN OR LOCATION OF	DEATH 9c. CO	UNTY OF DEATH							
FUNERAL DIRECTOR	1830 Ridgewick Road	Glen Burnie	A	.A. County							
ដ្ឋ		OWN OR LOCATION		10d. INSIDE CITY							
H	MD A.A. County Mi	llersville		LIMITS?							
7	10e. STREET AND NUMBER	101. ZIP CODE	10g. Cl	TIZEN OF WHAT COUNTRY?							
ER/	8355 Elm Road	21108	U	.S.A.							
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes or No-								
ВУ Е	1 Never Merried 2 Merried FORCES? 1 YES 2 MNO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexi		Specify: White							
		<u>'</u>									
TE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of wor	UAL OCCUPATION k done during most of working etired.)	16b. KIND OF BUSINESS/II	NOUSTRY							
Ž.	Grade 12 College (1-4 or 5+) Resident Resident	*	Apt. Com	nlev							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		IAME (First, Middle, Maiden Surname)								
Ö	Frank Deangelo	Li1		manski							
BE			il Route Number, City or Town, State, 2								
2	Benjamin McLane 8355 E1	m Road, Miller	sville MD 21	108							
	20a. METHOO OF DISPOSITION 20b. PLACE OF DISPOSIT	ON (Name of cemetery, crematory of		- City or Town, State							
		rematory, Inc.	Catons	ville, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF	FACILITY	rain Hwy. S.E.							
	I was all with	Kirkley Fune		Burnie,MD 21061							
	23. PART I. Enter the disaeses, or complications that caused the death. Do not										
	shock, or heart failure. List only one cause on each line.			intarval Batwean Onset end Death							
	immediate cause (Final disease or condition	WARIAN (ARCINOM								
	resulting in death) a	SALLISITA C		2 - 11011115							
z	C b.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate										
2	CAUSE (Disease or Injury										
E	that initiated evants resulting in deeth) LAST										
CEF	d										
AL.	PART II. Other significant conditions contributing to death but not resulting in	tha undarlying ceuse given	in Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
5			1 □ YES 2 1 NO	COMPLETION OF CAUSE DF DEATH?							
MEC				1 TYES 2 NO							
ä	1 TES 2 NO										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YSI	1 YES 2X NO 1 Inpatient 2 ER/Outpetient 3 DDA	□ Nursing Home 5XXReeldand									
	28s. OATE OF INJURY (Month, Day, Year) 1 X Natural 5 Pending	Y WORK?	26d. DESCRIBE HOW INJURY O	OCCUREO							
ВУ	2 Accident investigation	1 1E3 2 NO	and I occurred the								
8	3 Suicide 6 Could not be 4 Homicide detarmined	ret, rectory, office	28f. LOCATION (Street and Numi City or Town, State)	per or Hurai Houte Number,							
E	29s. CERTIFIER		1								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the best of gramination end/or investigation,										
00											
BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LIGENSE N) ~ / /	ATE SIGNED (Month, Day, Year)							
2	TO HOLD THE ADDRESS OF PERSONALLY START STEEL CALLS OF SECTION AND START	(N/L) (U)/	7 1/	lay 27, 1990							
	30. NOW AND ADDRESS OF PERSON WHO COMPLETED CASE OF DEATH (VEM 2) (Type, P	- 1	L Q 11.	Md. 21230							
	Russell R. DeLuca 3001 S. HAND 31. DATE FILED (Month, Dey, Mag) 32. REGISTRAR'S SIGNATURE	VER Street	, WAITIMORE	A14. 41420							
8/1	AY ? 1 1990 Julie Savidna Rondelle			To the second se							

Now the part of the first and the

nitained by the hospital or attending physician. Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should natified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove

MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF I					DEATH	MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,								OF DEATH		3.	TIME OF DEATH
	Debb	ie	A.		N	1aur	0	Mon 5	-29-90 ^M	Υ.	YEAR	3:45PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UHDER 24 HRS.	7. DATE	OF BIRTH th, Day, Year)	1	B. BIRTHPLA Country)	ACE (State or Foreign
	200-46-7026	1 🗆 M 2 🖳 F	34	YRS.	MONTHS	DAYS	HOURS MIN.	Ma	v 29.	19561		sylvania
_ 1	9a. FACILITY NAME (If not institution, give	street and number)	<u> </u>		9b. CITY, 1	TOWN O	R LOCATION OF D		,,		Y OF DEAT	
۳	University Hos	oital			F	Ralt	imore C	itv				
읽	RESIDENCE OF DECEDENT				-	-		<u> </u>				
Ĭ	10a. STATE 10b. COUN	гү		10c. CIT	Y, TOWN OF	LOCATI	ON				10	d. INSIDE CITY LIMITS?
吉	Maryland Ar	ne Arur	del		Ann	apo	olis				1	YES 2 NO
ا پ	10e. STREET AND NUMBER					_	ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
2	1582 Keswick	Place					21401			ī	J.S.	Α.
FUNERAL DIRECTOR	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	142 W	MS DECI	ENDENT OF HISPA		M2 (Parally Van			American Indian,
	1 Never Married 2 X Married	FORCES?	YES 2 X		H	yes, spe	cify Cuban, Maxic	en, Puerto		OI NO	Black, W	/hite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	_ YES	2 NO Spec	lfy:			Specify: Whi	t a
	15. DECEDENT'S ED	ICATION	16a DE	CEDENT'S	USUAL OC	CURATIO	N	16	b. KIND OF BUS	INESSTINDI		
	(Specify only highest grad	le completed)	(G	tve kind of	work done to	ring ma	tering	10	Squ		SINI	
ا يّ	Elementary/Secondary (0-12)	College (1-4 or 5					entati	ive			tion	s
Ξ	12		Pup	-	101	1						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N					
띪	Frank Noland								Pety			
6	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rura					
-	James W. Mau	0	11.	<u> 582</u>	Kesw	vi cl	Place	e, A				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ra	novel from State	20b. PLACE other pla	OF DISPO	SITION (Nam	ne of cen	etery, crematory or		20c. LO	CATION — C	ity or Town	, Stata
	4 Donation 6 Other (Specify)				V S	Cen	eterv		Anna	apoli	is.	MD
	21. SIGNATURE OF SUMBRAL SERVICE I	CENTEE /	11	- 1	22. N	IAME AN	D ADDRESS OF F					
	MARKET.	105	Dellon	/			or Fune					21401
	Vicine	4	fice			7 (louces	ster	St	Annai	ooli	
	23. PART I. Enter the diseases, or shock, or heart failure	List only one ca	use on aach lina	atn. 90 i	not antar i	tna mo	da ot dying, su	cn as ca	rolac or reapi	ratory arre	st,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final											Onset and Deeth
	disease or condition resulting in death)	. Subar	achnoid	hemo	rrhag	ge .						
- 1	DUE TO (OR AS A CONSEQUENCE OF):											
z	Ruptured berry aneurysm											
CERTIFICATION	Sequantially liet conditione, if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE O	F):							
3	cause. Entar UNDERLYING CAUSE (Disease or injury	c										
틸	that initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):							
	resulting in death) LAST	d										
ᅙ	PART II. Other eignificant condition	na contributing t	death but not	nia Itlaa	In the une	derbiler	course shop l	n Dort I	Total Mag and	Allmoney	1 245 W	CDE ALITOROV FINIDINOS
CAL	TART II. Other eignincant condition	one contributing to	daatii but not i	eeuititig	in the unc	Derlying	cause givan i	n Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
									XXXYES 2	□ NO	0	OMPLETION OF CAUSE F DEATH?
M											X	XYES 2 NO
ä												
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (Check only	one)			
S	t HYPES 2 □ NO	1 Inpatient 2	☐ ER/O utpatient 3	□ DOA	OTHER		e 6 🗆 Residence	6 🗆 Ott	ner (Specify)			
Ξ	27. MANNER OF DEATH	26a. DATE O	F INJURY Day, Year)	26b. TIR	IE OF JURY	28c. INJ		28d. D	EŞCRIBE HOW I	NJURY OCC	URED	
		(MORIT,	Day, rear)	IN.	M		RK? (ES 2 NO					
	Natural 5 Pending			1		_						
BY	2 Accident Investigation	28e. PLACE	OF INJURY — At he	ome, farm,	street, facto	ory, offici		261. LC	CATION (Street i	and Number	or Rural Rou	ta Number,
BY		28e. PLACE	OF INJURY — At ho, atc. (Specify)	ome, ferm,	street, facto	ory, office			CATION (Street a by or Town, State)	and Number	or Rural Rou	ta Number,
BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datarmined	28e. PLACE building	, atc. (Specify)					Ch	y or Town, State)			te Number,
BY	2 Accident Investigation 3 Suicide 6 Could not b datarmined 29s. CERTIFIER (Check only 1 CERTIFYING PHY	28e. PLACE building	, atc. (Specify)	ath occur	red at the tir	me, data	and place, and de	Cit	y or Town, State)	nner as state	d.	
BY	2 Accident Investigation 3 Suicide 6 Could not b datarmined 29s. CERTIFIER (Check only one) MEDICAL EXAMI	28e. PLACE building SICIAN: To the best of NER: On the bests of	, atc. (Specify)	ath occur	red at the tir	me, data	and place, and de	Cit	y or Town, State)	nner as state	d.	
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not b datarmined 29s. CERTIFIER (Check only 1 CERTIFYING PHY	28e. PLACE building SICIAN: To the best of NER: On the bests of	, atc. (Specify)	ath occur	red at the tir	me, data	and place, and de eath occured at the 29c. LICENSE N	ue to the come time, de	y or Town, State)	oner as state ad due to the 29d. DATE	od. cause(a) e SIGNED (A	nd manner as stated.
BE COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	28e. PLACE building SICIAN: To the best of NER: On the basis of	of my knowledge, de examination and/or	investigati	red at the tir	me, data	and place, and de	ue to the come time, de	y or Town, State)	oner as state ad due to the 29d. DATE	od. o cause(a) e	nd manner as stated.
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON V	SICIAN: To the best of SER: On the best of SER	of my knowledge, de examination and/or	investigati	red at the tir	me, data	and place, and de eath occured at the 29c. LICENSE N	ue to the come time, de	y or Town, State)	oner as state ad due to the 29d. DATE	od. cause(a) e SIGNED (A	nd manner as stated.
BE COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	SICIAN: To the best of SER: On the best of SER	of my knowledge, de examination and/or	investigati	red at the til	me, data pinion, d	and place, and de eath occured at the 29c. LICENSE N	ue to the come time, de	y or Town, State) ause(a) and mer te and place, an	onner as state and due to the	od. signed (A) = 5-30-	nd manner es stated. fonth, Day, Year) -90
BE COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON V	SICIAN: To the best of VER: On the best of VER	of my knowledge, de examination and/or	Investigati	red at the til	me, data pinion, d	and place, and de eath occured at the 29c. LICENSE N	ue to the come time, de	y or Town, State) ause(a) and mer te and place, an	onner as state and due to the	od. signed (A) = 5-30-	nd manner es stated. fonth, Day, Year) -90

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SAN CALL TO STAN

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46,	OSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur
က	execut	and c
×	2	ian
8	ficate	physic
o.	certi	nding
٥.	death	atte
S	the	the
문	that	N DY
္ပ	uires	Sign
뿐	W req	been
A	he la	has
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SICIAN: T	certificati
Ö	PHY	this
N	DING	After
1121	ATTEN	CTOR:
\leq	OR.	DIR
_	SPITAL	INERAL

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

MAY 3 1 90

CORWIN

2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1:35 AH ROSA ADELINE MAY 7. DATE OF BIRTH (Month, Day, Year) 10 20 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 214-16-4737 83 HOURS 1 M 2 X F Maryland 9e. FACILITY NAME (If not institution, give street end number) 95 CITY TOWN OR LOCATION OF DEATH 90 COUNTY OF DEATH Hoalth Cale Center VesleyAn DIRECTOR Donton Caroline RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Caroline Federalsburg MD 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21632 Route 2, Box 359C burial-transit U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY 1 - YES 2 NO Specify: Specify: 3 Wildowed 4 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) detached for 6 homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Margaret A. Dobson John E. Seymour BE page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt 2 Box 359C Federalsburg MD 21632 Mothershead William H. Jr pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20e. METHOD OF DISPOSITION 5/30/90
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State must neral director, Memorial Park Woodlawn Easton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home SF.SP Easton, Maryland removal TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate shock, or haert failure. Liet only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final Cerebrovascular accident

DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) ma- K DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS vascular AWAILABLE PRIOR TO disease COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO Type 11 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 284 DESCRIBE HOW IN HIRY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined BE COMPLETED 4 Homicide

29a. CERTIFIER
(Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and memor as stated.

P.O. B.

Mo.

32. REGISTRAR'S SIGNATURE Sedia Davidson

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MA

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

660

29c. LICENSE NUMBER

D33768

PENTON

MD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT		MENTAL HYGIEN	E				
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Walter	P	Murray		May 23	1990	11:38 A.MM			
- 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	s. last birthday) IF UNDER		7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)					
	214-28-8730 9a. FACILITY NAME (If not Institution, give stre	1 DM 2 DF 5 7	YRS. MONTHE	DAYS HOURS MIN.	5 11 1933 md.					
HO	Memorial Hospita		90. 011	Easton						
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		toc. CITY, TOWN O	OR LOCATION			Lead mining city			
DIRECTOR	md. Car	aline,	me	no baro			10d. INSIDE CITY LIMITS? 1 PES 2 NO			
AL	10e. STREET AND NUMBER	1 6 1		tol. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	P.O. Doy	190				21.0	9.			
3	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER U.S FORCES? 1 TES 2	ARMED 13.	WAS DECENDENT OF HISPAI If yee, specify Cuben, Mexico		or No- 14. RAG Bis	CE — American Indian, ck, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		t YES 2 AO Specif	ty:	187	Brk			
03	15. DECEDENT'S EDUCA (Specify only highest grade co	iTION 164	DECEDENT'S USUAL O	CCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	200			
COMPLETED	Elementary/Sacoddary (0-12)	College (1-4 or 5+)	(Give kind of work done life. D., DT use retired.)	a a most of working						
MP	secondary		Kalor	ev						
	12. PRIMER'S MARKE (FOUL MINTS) LOUIS	muna		18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)				
BE	18s. INFORMANCE RAWE (Now-Proct)	munay	105 MAN WG A COPEG	Harr	N 1 01	unai	1			
2	Batterine Pa	Horsen	PO BOL	S (Street and Number or Rural	HOUSE NUMBER, City or YOW	n, Stare, Zip Coper	7			
	20a. METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSITION (N	isme of cemetery, cremetory or	2001/0	CATION — City,or	Town, Btata			
	t D Burlei 2 Cremation 3 Ramon	rel from Steta oth	(rus Re	10	In the	emplo	rom. ml			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22.	NAME AND ADDRESS OF FA	ACILITY		-			
	1 Bennie	L. Smi	th 8	20. Boy 9	328 H	urlac	k, ml.			
	23. PART I. Enter the diseases, or co	emplications that caused the	a death. Do not enter	the mode of dying, auc	ch as cardiac or respi	ratory arrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final	,					Onset and Death			
	disease or condition resulting in death)	Squamous	: Cell Car	cinoma Lu	ng- Meta	state				
	disease or condition resulting in death) a. Squamous Cell Carcinoma Lung- Metastatic but To (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
ATI	If any, leading to immediate cause. Enter UNDERLYING									
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):							
CERTIFICATION	resulting in desth) LAST									
	DADT II Other electricest conditions									
AL	FART II. Other aigninicant conditional			-4 -4-1 1 1						
	ARD CODD A			nderlying cause given in	Part I. 24s. WAS AN		AMILABLE PRIOR TO			
	ABP, COPD, A					MEO?				
	ABP, COPD, A				PERFOR	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
				use	PERFOF	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Hospital:	Stacco Abo	26. PLACE OF DEATH (CI	PERFOF t YES 2	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	obacco Abo	26. PLACE OF DEATH (CI	PERFOR	MEO? XXNO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nowtural 5 Pending	Hospital:	Stacco Abo	26. PLACE OF DEATH (CI R: rsing Home 6 Residence 28c. INJURY AT WORK?	PERFOF t YES 2	MEO? XXNO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Outpetier 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	nt 3 DOA OTHE 1 DO NIJURY M	26. PLACE OF DEATH (C) FI: rsing Home 6 Residence 28c. INJURY AT WORK? t YES 2 NO	PERFOR t YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 261. LOCATION (Street	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nowtural 5 Pending	HOSPITAL: 1 Inpetient 2 X ER/Outpetier 28e. DATE OF INJURY (Month, Day, Year)	nt 3 DOA OTHE 1 DO NIJURY M	26. PLACE OF DEATH (C) FI: rsing Home 6 Residence 28c. INJURY AT WORK? t YES 2 NO	PERFOR	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: t Inpetient 2 \(\tilde{X} \) ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Specify)	obacco Abo	26. PLACE OF DEATH (C) FI: rsing Home 6 Residence 26c, INJURY AT WORKY t YES 2 NO	PERFOR t YES 2 heck only one) 5 Other (Specify) 26d. DESCRIBE HOW I 26t. LOCATION (Street City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Outpetier 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	nt 3 DOA 4 Nu 26b. TIME OF INJURY M At home, farm, street, fac	26. PLACE OF DEATH (CIR: rsing Home 6 Residence 26c. INJURY AT WORK? t YES 2 NO	PERFOR t YES 2 heck only one) 5 Other (Specify) 26d. DESCRIBE HOW I 261. LOCATION (Street City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 \$\tilde{Z} \tilde{EP/Outpetient} \ 2 \tilde{Z} \tilde{EP/Outpetient} \ 2 \tilde{Se. DATE OF INJURY (Month, Day, Year)} \ 26s. PLACE OF INJURY building, stc. (Specify) \ 1AN: To the best of my knowledge	nt 3 DOA 4 Nu 26b. TIME OF INJURY M At home, farm, street, fac	26. PLACE OF DEATH (CIT: rsing Home 6 Residence 26c, INJURY AT WORK? t YES 2 NO https://doi.org/10.1006/10.100	PERFOR t YES 2 heck only one) 5 Other (Specify) 26d. DESCRIBE HOW I City or Yown, State) e to the cause(a) and man e time, data and place, an	NJURY OCCURED and Number or Rura hner as stated. d due to the cause	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,			
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 6 Could not be 7 CERTIFIER (Check only one) 7 MEDICAL EXAMINER	HOSPITAL: 1 Inpetient 2 \$\tilde{Z} \tilde{EP/Outpetient} \ 2 \tilde{Z} \tilde{EP/Outpetient} \ 2 \tilde{Se. DATE OF INJURY (Month, Day, Year)} \ 26s. PLACE OF INJURY building, stc. (Specify) \ 1AN: To the best of my knowledge	nt 3 DOA 4 Nu 26b. TIME OF INJURY M At home, farm, street, fac	28. PLACE OF DEATH (C) R: rsing Home 8 Residence 28c. INJUSY AT WORK? t YES 2 NO story, office time, data and place, and du opinion, death occurred at the	PERFOR t VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, Stete) e to the cause(a) and mare e time, data and place, an	NJURY OCCURED and Number or Rura hner as stated. d due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 6 Could not be 7 CERTIFIER (Check only one) 7 MEDICAL EXAMINER	HOSPITAL: t Inpetient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify) IAN: To the best of my knowledge: On the basis of examination and	At home, farm, street, factor, in my difference of the difference	28. PLACE OF DEATH (CI	PERFOR t VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, Stete) e to the cause(a) and maile time, data and place, and maile time, data and place, and maile time.	NJURY OCCURED and Number or Rura hner as stated. d due to the cause	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,			
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Of Death	HOSPITAL: t Inpetient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify) IAN: To the best of my knowledge: On the basis of examination and	At home, farm, street, factor, in my difference of the difference	28. PLACE OF DEATH (C) R: rsing Home 8 Residence 28c. INJUSY AT WORK? t YES 2 NO story, office time, data and place, and du opinion, death occurred at the	PERFOR t VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, Stete) e to the cause(a) and maile time, data and place, and maile time, data and place, and maile time.	NJURY OCCURED and Number or Rura hner as stated. d due to the cause	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,			

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TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a noun after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR	
_		REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	10.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH
Doryth	Find1ay	Montg	omery		April 6		
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	IRTHPLACE (State or Foreign
261-03-6509	1 □ M 2 및 F	73 YRS. M	IONTHS DAYS	HOURE MIN.	(Month, Day, Year)	916 G	eorgia
9a. FACILITY NAME (If not institution, give at	reet end number)		96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY C	OF DEATH
			Dos	nton		Caro	line
Quail Run			Der	10011		T Caro.	11110
10e. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCA	ПОН			10d, IHSIDE CITY LIMITS?
Maryland (Caroline			Denton			1 YES 2 XHO
10e. STREET AND NUMBER	7		10	. ZIP CODE		10g. CITIZEN I	OF WHAT COUNTRY?
Ouail Run				216	29	U.S	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify		
1 Never Merried 2 Married	FORCES? 1 YES	2 K NO	If you, sp	ecify Cuben, Mexico	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
3 🕽 Widowed 4 🗌 Divorced	IF TES, GIVE WHIT ON	DATES	1 YES	2 NO Specif	<i>γ</i> :		specity: aucasian
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIHD OF	BUSINESS/INDUSTR	
(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of wo	rk done during metired.)	ost of working			
completed	2 vrs	ТС	acher		E	ducatio	n
17. FATHER'S NAME (First, Middle, Last)	C VIS	1	UCHEL	16, MOTHER'S NA	ME (First, Middle, Maid		
	tram Park	er. Sr			th Find		
19a. IHFORMANT'S HAME (Type/Print)	CLAM FAIN		DDBESS /Cha		Route Number, City or		1
James Montgome	rv	Rt. 3			, Dentor		
200. METHOD OF DISPOSITION	_					LOCATION - City of	
1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Rem	oval from State	other place)					
4 Donation 5 Other (Specify)		astern S				<u>eorgeto</u>	wn, Delawar
21. SIGNATURE OF TUNERAL SERVICE LIC	O M			NO ADDRESS OF FA	ral Home	a. P A.	
(taudolph	1 11 loor	4			ryland :		
23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PLOBABIE DUE TO (OR AS DUE TO (OR AS	each line.	C4, 0				Approximata Intarval Between Onset and Daath
resulting in death) LAST	d						
DART II Cob also Massa and Malas		L	ab - 4 4 4		Sec. 1		
PART II. Other algnificant condition	is contributing to death	but not resulting in	tha underlyir	ig cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					1 🗆 YES	3 2 NO	OF DEATH?
							1 TYES 2 THO
							NA
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	neck only one)		
1 TYES 2 NO			OTHER:	ne 5 Residence	8 Gther (Specify)		
27. MANHER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,		OF 28c, IN	JURY AT	26d. DESCRIBE HO	W IHJURY OCCURE	ED .
1 Natural 5 Pending Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, at secify)	reet, factory, offi	ce	28f. LOCATIOH (Str. City or Town, St	eet and Number or Ritate)	tural Route Number,
290. CERTIFIER		00 158-007	- E SLOVE				
CONTROL CALL	ICIAN: To the best of my kno						use(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	-MD			29c. LICEHSE NU	MBER 59	29d. DATE 54	Me Di Month, Day, Year)
30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print) DUR	June 15	LANE E	Edson /	Mo. 21601
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	241477177					
APR 09 '90	Sulia	Davidson-Man	do Por				
		A Address A Land	- "Samples				

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifique be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has authorized by the authorized principle prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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	1. DECEDENT'S NAME (First,	Middle, Last)			(6)				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
1	WI	LLIAM	F.		MORA	N			05	15	90	1:35 Am
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHE	PLACE (State or Foreign
	220-34-4917		1 🕅 M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year	, 7,1916	Morry,	'
ı	9a. FACILITY NAME (If not ins				-	9b, CITY	TOWN	OR LOCATION OF GE			UNTY OF DE	
ای												
2 I	PRINCE GEORI	GFIS H	OSPITAL	CENTER		CH	EVE	<u> </u>		_IPRII	VCE GI	EORGE'S
<u> </u>	10a. STATE	10b. COUNTY			10c. CITY	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland	Princ	e George	s	Hnn	er M	ar11	boro				1 YES 2 X NO
	10e. STREET AND NUMBER				<u> </u>	X1		1. ZIP CODE		10g. Cl		HAT COUNTRY?
	4504 Ritchi	e-Mar1	horo Dd				165	20772			.S.A.	
BY FUNERAL	11. MARITAL STATUS	- mart	12. WAS DECEDEN	T EVER IN U.S. AR				ENDENT OF HISPAN	NIC ORIGIN? (Specify	Yea or No-	14. RACE	- American Indian,
<u> </u>	1 Never Married 2 🔀	Married	FORCES? 1			, In	f yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.		Black, Specify	, White, atc.
_	3 Widowed 4 Divo		W TES, UIVE V	- III VII DAIES"		1 '	TES	NO Specify	<i>,</i> .		apecin	white
ا ۵		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. KIND OF	BUSINESS/IN	IDUSTRY	25
ابتا	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	- Alfa	lve kind of w Do NOT us	oratined.)	uunng m	ost of working			1	0
COMPLETED	7		and a second	_	armer				Farm	ing/S	elf. A	mployed
ا مِ	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTHER'S NA	ME (First, Middle, Mai			
	Lewis Mora	n						Geneva	a Young	31.31		
BE	19a. INFORMANT'S NAME (7)			198	». MAILING	ADDRESS	(Street a		Route Number, City or		'lp Code)	
임	Mary Moran										4	.MD. 20772
	20a. METHOD OF DISPOSITI			20b. PLACE	OF DISPOS			metery, cremetory or		LOCATION -		
11.	1 Buriel 2 Crematio		oval from State	other pla	BCB)			Cemetery			twood	
	LI MINALUPIE OF FUNERAL	100	ENSEE		T.F.	22.	NAME A	NO ADDRESS OF FA	CILITY			
	" F	m 1	71.16	7		D	h -	. p. 111-1-	. a 1 T	430	g Sui	tland Rd.
4	- Day	a A	year	un								, MD. 20746
	23. PART i. Enter the di shock, or b	eart fallure.	complications the List only one cau	n caused tha de ise on aech ilne	ain. Do f	iot entar	ине тк	nue or aying, suc	at 35 CHIMING OF I	eapiratory &	urest,	Approximata interval Between
	IMMEDIATE CAUSE (Fin			176.00	7			1				Onset and Death
-	disease or condition reaulting in death)	→	Ve	PONON.	My	0	w	ex				
			DUE TO	(OR AS A CONSE	DUENCE OF	f):						
<u>z</u>	Sequentially list conditi	ons.	a peu	h	W	200	NEW	non	ny			
Ĕĺ	If any, leading to imme	diate	DUE TO	(OR AS A CONSEC	JUENCE OF	7						
3	CAUSE (Disease or Inju		- 36	(OR AS A CONSES	Minnes -	n:						1
	that initiated eventa rasulting in death) LAS	т.	one in	,uni na A CURSE	JUNEAU CO							1
CERTIFICATION	,		d									1
	PART II. Other significa	nt condition	a contributing.to	death but not r	esulting	in the un	nderiyin	g ceuse given in	Part i. 24a. WA	S AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
DICAL	Hanks	56	A m	leth	200				4	REFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш	01.10	112	11						'''			OF DEATH? 1 YES 2 NO
Σ	- Various	~1027									1	
AN	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF DEATH (C)	neck only one)			
PHYSICIAN:	EXAMINER?		HOSBITAL:	ER/Outpatient 3	□ no∗	OTHER 4 Nur	R:		8 Other (Specify)			
ž	27. MANNER OF-DEATH		28a. DATE O	FINJURY	28b. TIM	E OF	28c. IN.	JURY AT	28d. DESCRIBE H		CCURED	
	1 Natural 5	Pending	(Month, L			JURY	W	ORK?	.,			
B		Investigation	28e. PLACE	OF INJURY — At he	me, ferm	street, fact			28f. LOCATION (St	reet and Numb	ver or Rural R	loute Number.
	3 Suicide 6 4 Homicide	Could not be determined		etc. (Specify)	-y -westelly :		21 4918		City or Town, S		retrett fi	
<u> </u>	29a. CERTIFIER				C							
COMPLETED	(Check only								s to the cause(s) and			h and over
ខ្ល	2 L MED			examination and/or	investigatio	on, in my c	opinion,	geath occured at the	time, data and plac) and manner as stated.
BEC	296. SIGNATURE AND TITLE	OF CERTIFIE	R/ ~	N				29c. LICENSE NU	MBER	29d. O.	ATE SIGNED	(Marrish, Disc. Year)
10 8	Kell /	41	mes. V	VI				005	735		5/15	190
-	30. NAME AND ADDRESS O	F PERSON WH	IO COMPLETEO CAL	SE OF OEATH (ITE	M 27) (Type	n, Print)		7		7.2	1	/ -
	1 1 g											
	31 DATE FILED (Month, Day,	Year)	0	AR'S SIGNATURE								
	AN 52 30		Julia Varid	on-Rando	2							
	1.0		1		_							

	1 - STATE REGISTRAR	SIAIE UF I	/MARYLAND CE			E OF			MENIAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, La	8()							2. DATE O	FOEATH		MEAD	3. TIME OF DEATH	
10	MURRELL	G.			MCK	ENZT	E		Juné	6. 1	990	YEAR	10:00 A	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF			8. BIRTH	IPLACE (State or Foreign	
	184-03-6538	1 M 2 - F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		7-19	11	Count	Md.	
	9a. FACILITY NAME (If not Institution, gi	e street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE				INTY OF D	DEATH	
OR	Memorial Hosp	ital			Cumberland Allegany									
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			100 CIT	V TOWAL	OR LOCAT	1011						10d. INSIDE CITY	
DIRECTOR	Md.	Allegan	7	100. 011		rost		**					LIMITS?	
	10e. STREET AND NUMBER	ALLegan			2.7		ZIP CODE	_			10e CIT	IZEN OF V	WHAT COUNTRY?	
RA							2	1532				U.S.		
FUNERAL	Route 2	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yea			E — American Indian, k, White, etc.	
	1 Never Married 2 Married		YES 2 N	0		If yes, spe			n, Puarto Rio	en, etc.)		Binc Spec		İ
ВУ	3 Widowed 4 Divorced	<u> </u>					26.27						ite	
Ш	15. OECEDENT'S E (Specify only highest gi	OUCATION ade completed)	(Gh	ve kind of	work done	during mo	N I of workin	g	16b. K	IND OF BUS	SINESS/IN	DUSTRY		
世	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)					0 3 0	-	7 -		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		T	ruc.	ker					Self		bTo2	red	_
8		C							ME (First, Mic		V.000.V			
BE	William Mc	renzie	106	MAILING	Annese	c /Street e			na M			in Code)		
2	Edna Mc Ken		""										21532	
	20 METHOD OF DISPOSITION	7.T.G	20b. PLACE (P.L.C				own, State	
	1 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	emoval from State	other pla	ice)		met		,				-	ounty. Mo	3
	21. SIGNATURE OF FUNERAL SERVICE	UCENSEE	0011	1180	22.	NAME AN	D ADDRE	SS OF FA	CILITY	Juan	100	0 00	Janey Ho	
	> (Hhn 1	! Iles	n/			D1172	at. I	ลาก e	rel	Home	· F	rost	burg, Md	- F
	23. PART i. Enter the diseases,	or complications the	t caused the de	ath Do	not ante						-		Approximate	~ •
	ehock, or heert failu						30		(_		-	intervei Betwe	
	iMMEDIATE CAUSE (Final disease or condition		Va	-)	(i N	w	K		,	NV C	~
	resulting in death) a. Due TO (OR AS A CONSEQUENCE OF):)				
z	Sequentially the conditions													
9	Sequantially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c I	7							_			0	
분	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEC	DUENCE O	F):									
CERTIFICATION	Tooling in duality 2701	d												_
1	PART il. Other eignificent condi	iona contributing to	daeth but not re	eeuiting	in the u	nderlyin	cause	given in	Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDING	IGS
2									_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	E
											7		1 YES 2 NO	
									_					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only one					
/Si	1 VES 2 NO		ER/Outpatient 3	□ DOA	OTHE 4 □ Nu		e 5 □ Re	sidence	8 🗆 Other	(Specify)				
PH	27. MANNER OF DEATH	26a. OATE OI (Month, I	ay, Year)	28b. TIA	JURY		RK?		28d. DESC	RIBE HOW	NJURY O	CCURED		
B⊀	2 Accident Investigati			L	М		rES 2	NO						
	3 Suicide & Could not	■ building	OF INJURY — At how atc. (Specify)	ma, term,	street, fac	tory, offic			City or	Town, State)	and Numb	er or Rural	Route Number,	
]						
AP.	Louisian mak	(YSICIAN: To the best o												
COMPLETED	MEDICAL EXA	INER: On the basis of	namination and/or I	investigati	on, in my	opinion, d	eath occu	red at the	time, data s	nd placa, ar	nd due to	the cause(a) and menner as stated	f.
BE C	295. SIGNATURE AND TITLE OF CENT	FILTH	1		B		29c. LIC	ENSE NUM	MBER /	3	29d. DA	TE SIGNE	D (Moeth, Day, War)	
TO B		1200	$-\vee$	VV			1)	10	11]	P	0	119.	
-	30. NAME AND ADDRESS OF PERSON								-				1	
	Dr. Fiscus Mer			dica	ıl Bı	iildi	ng C	umbe	rland	, MD.	2.	1502		
	JUN I 1990	Julia Daudre	- Aandall											

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NG PH	fter this c	eath with	marked,
NDING PH	R: After this o	er death with	Is marked,
TTENDING PH	CTOR: After this of	after death with	28 is marked,
IR ATTENDING PHY	IRECTOR: After this of	ours after death with	em 28 is marked,
IL DR ATTENDING PH	L DIRECTOR: After this of	2 hours after death with	f item 28 is marked,
PITAL OR ATTENDING PHY	ERAL DIRECTOR: After this of	in 72 hours after death with	T: if item 28 is marked,
HOSPITAL DR ATTENDING PH	UNERAL DIRECTOR: After this of	within 72 hours after death with	ANT: if Item 28 is marked,
HE HOSPITAL OR ATTENDING PHY	HE FUNERAL DIRECTOR: After this of	ed within 72 hours after death with	DRTANT: If Item 28 is marked,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at an

1 . 8	FOR STATE REGISTRAR	STATE OF MAH	YLAND / DEPARTI Certific	MENT OF H	EALTH AND ME	NTAL HYGIEN REG. NO.		
1. DEC	CEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH		3. TIME OF DEATH
ED	NA MAE MCCRAY					UNE 4	1000	AR
	CIAL SECURITY NUMBER	5. SEX 8. A	AGE (In yrs. last birthday)	F UNDER 1 YEAR		DATE OF BIRTH		BIRTHPLACE (State or Foreign
17	4169024	1 M 2 XF		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03/06/191		Country) ENNSYLVANIA
	ACILITY NAME (If not institution, give	street and number)	-	b. CITY TOWN O	R LOCATION OF DEATI		9c. COUNTY	
5	SACRED HEART H	selection and a			BERLAND, M			LEGANY
I IOa. S	TATE 10b. COUNT	·v	100 CITY 3	TOWN OR LOCAT	ION			10d, INSIDE CITY
		LEGANY						LIMITS?
100 8	TREET AND NUMBER	LEGAN I	MOO	NT SAVA	ZIP CODE		Las OITITEN	1 YES 2XXNO
2		F.C. C		101.				OF WHAT COUNTRY?
	ROUTE 1, BOX 1				21545		US	
· 11	ARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVEN FORCES? 1 1	YES 2 ANO	If yes, spe	ENDENT OF NISPANIC scify Cuban, Maxican, F		or No 14.	RACE — American Indian, Black, White, etc.
	Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES	1 TYES	2 X NO Specify:			Specify: WHITE
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S US	I OCCUPATIO	ON .	16b. KIND OF BUS	SINESS/INDLIST	
	(Specify only highest grad	e completed)		k done durina mo:		105.74115 01 50	JINE 00 / III 00 /	
	emantery/Secondery (0-12)	Collage (1-4 or 5+)	номемак	ED		100		
17. FA	THER'S NAME (First, Middle, Last)		HOMEMAK	EK	18. MOTHER'S NAME	/First Middle Maiden	Surname)	
5 II .	VILLIAM NELSON	BURLEY				LANCHE MA	,	
5	NFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street a.	nd Number or Rural Rou			de)
2 v	ERNA-LYNN SEE		R D	1, BOX	129 A, HY	NDMAN, PA	1554	5
	METHOD OF DISPOSITION	and how Ship	20b. PLACE OF DISPOSITI					or Town, Stata
	Donation 5 Other (Specify)	7	PORTER CE	METERY		RD,	HYNDM	AN, PA
21. 59	GNATURE OF FUNERAL SERVICE L	CENSEE			D ADDRESS OF FACIL			
	► NIDU /01	d~			Y H. ZEIG			
23. F	PART I. Enter the diseases, or	Applications that an	wood the death De set					
- 11		ADMIDICATIONS MALCA	used the death. Do noi	enter the mo	ds of dving, such s	s cardisc or resp	ratory arrest	. Approximate
		list only one csuse of	on each line.	enter ths mo	ds of dying, such s	s cardisc or resp	Iratory arrest	Approximate Interval Between
dise	EDIATE CAUSE (Final see or condition	List only one cause of	on each line.	enter this mo	ds of dying, such s	s cardisc or resp	Iratory arrest	Intsrval Between
dise	EDIATE CAUSE (Final	Ist only one csuse of	on each line. Oyan AS A SONSEQUENCE OF:	enter the mo	Before La	- Reus	lratory arrest	Intsrval Between
diser	EDIATE CAUSE (Final see or condition liting in death)	Multiple Dute to join	Office for As a sonsequence or:	ilen Hyfo	Reproduced to the second	- Reus - Hylo	fratory arrest	Intsrval Between
diser reeu Sequ If sn	EDIATE CAUSE (Final see or condition iting in death)	Multiple Dute to join	Orfan fo	ilew Hyfo	Reproduced to the second	- Reus	fratory arrest	Intsrval Between
Sequ If sn ceus CAU	EDIATE CAUSE (Final see or condition ilting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or Injury	Multiple Dute to join	Office for As a sonsequence or:	Hypo	Repraha Lenno Lenno	- Rena - Hy fo	1-1.	Interval Between onset and Desth
Sequence of the court of the co	EDIATE CAUSE (Final see or condition iting in death)	Multiple Dute to join	Office for As a sonsequence or:	the content of the co	Repraha Lension Lension Lension Lension Campie	- Rena - Hy fo	1-1.	Interval Between onset and Desth
Sequence of the court of the co	EDIATE CAUSE (Final see or condition ilting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or injury initiated events	Multiple Dute to join	Office for As a sonsequence or:	the this mo	Reprehensed	- Rena - Hy fo	f - M	Interval Between onset and Desth
Sequence of the test of the te	entially list conditione, by, leading to immediate te. Enter UNDERLYING SE (Diseece or injury initieted events liting in deeth) LAST	DUE TO JOR DUE TO JOR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: COUNTY OF	Hypo Hypo Khy E	Tension Lension Lension Canfie	- Rena - Hypo	I - A. Volen	Interval Between Onset and Desth
Sequilif sn ceus CAU: thet resu	eDIATE CAUSE (Final see or condition liting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or Injury initieted events liting in death) LAST T. II. Other significant conditions of the conditions o	DUE TO (OR d. Contributing to des	AS A CONSEQUENCE OF:	Hypo Hypo Khy E	Tension Lension Lension Canfie	- My/o - My/o Leas 6 a Int 1. 24x WAS AM PERFOR	I - A	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
Sequilif sn ceus CAU: thet resu	eDIATE CAUSE (Final see or condition liting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or Injury initieted events liting in death) LAST T. II. Other significant conditions of the conditions o	DUE TO (OR d. Contributing to des	AS A CONSEQUENCE OF:	Hypo Hypo Khy E	Tension Lension Lension Canfie	- Rena - Hypo	I - A	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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diserreeu Sequif sn CAUL thet resu PART	EDIATE CAUSE (Final see or condition ilting in death) uentially list conditione, y, leading to immediate see. Enter UNDERLYING SE (Diseese or injury initieted events liting in deeth) LAST T. II. Other significant conditions of the conditions of	List only one cause of the control one to top to top to top to top top top top	AS A CONSEQUENCE OF:	Hypo Care on the the underlying	Tension Lension Lension Canfie	- Reus - Hy for Lesson 6 and ert 1. 24 was an Peneron 1 ves 2	I - A	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequif sn coust that result th	eDIATE CAUSE (Final see or condition liting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseece or injury initieted events liting in deeth) LAST T. II. Other significant conditions of the conditions o	July 10 jon	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: COUNTY OF THE CONTROL OF THE C	the underlying	Ace of Death (Check	- Reus - Hy/6 Luas 6 a Int 1. 24a. WAS AN PERFOR 1 YES 2	I - A	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequif sn coust that result th	EDIATE CAUSE (Final see or condition ilting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or Injury initieted events ilting in deeth) LAST T. II. Other significant conditions of the conditions o	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	the underlying 26. PL THER: Nursing Hom OFF 28c. INJ. WO	ACE OF DEATH (Check	The was an Peneron only one)	I - M	Interval Between Onset and Desth 24b. WEINE AUTOPSY FINCHINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequif sn CAUL thet result tha	EDIATE CAUSE (Final see or condition ilting in death) uentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or Injury initieted events ilting in deeth) LAST T II. Other significant conditions are conditions of th	HOSPITAL: North Office Property Prope	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: COULDED IN THE CONTROL OF STATE OF S	the underlying 26. PL THER: Nursing Hom NY M 1	Garde General Check as 5 Residence 6 URY AT YES 2 NO	Ant I. Location (Street	AUTOPSV AMEDY NO INJURY OCCUR and Number or	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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diserreeu Sequelli fi sn cous cous thet resu PAR 25. W E 27. M 1) 2 [27. M 1) 2 [29. C	EDIATE CAUSE (Final see or condition ilting in death) Luentially list conditione, by, leading to immediate see. Enter UNDERLYING SE (Diseese or injury initiated events liting in death) LAST T. II. Other significant conditions of the conditions	DUE TO (OR d. DU	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	the underlying 26. PL THER: Nursing Hom Nursing Hom Nursing Hom 1	g ceuee given in Pa ACE OF DEATH (Check is 5 Residence 6 IVRY AT IVRY 2 NO a 2	only one) Other (Specify) 6d. DESCRIBE NOW in City or Town, Stele,	AUTOPSV RMED? INJURY OCCUR and Number or	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Heath and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ECEDENT'S NAME (First, Middle, Last)		2, DATE OF DEATH

	1 - STATE REGISTRAR		CEDITE	ICATE O		REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH		3. TIME OF DEATH
	CHESTER THEX	ODORE	MODEL	TT		MONTH DA		YEAR M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	MORET.A!	1F UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF BIRTH	1990	5. BIRTNPLACE (State or Foreign
		1 XM 2 F	80 yrs.	MONTHS DAY		Aug. 3, 19	00	West Virginia
- 1	705-14-2211					1		TY OF DEATH
~	9a. FACILITY NAME (If not institution, give		1 0		N OR LOCATION OF DE	EATN		
0	RESIDENCE OF DECEDENT	spital & Medi	icai C.	Cumbe	erland		ATTE	gany
DIRECTOR	10a. STATE 10b. COUNT	TY	10c, CIT	Y. TOWN OR LO	CATION			10d. INSIDE CITY
프	WV Mir	neral	10	eyser				LIMITS?
	10e. STREET AND NUMBER				101, ZIP COOE		10a CITIZ	EN OF WNAT COUNTRY?
A I		7\			26726			J.S.A.
FUNERAL	Rt. 2, Box 146	12. WAS DECEDENT EVER						
	1 Naver Married 2 Married	FORCES? 1 YES	2 X NO	H yes,	specify Cubsn, Maxics ES 2 D NO Specifi		or No-	14. RACE — American Indian, Black, White, etc. Specify:
B	3 X Widowed 4 Olvorced			'''	X TO Special	,.	_	White
	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUP	TION	16b. KIND OF BUS	SINESS/INDU	ISTRY
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)				
립	N/A	100.00	Equipm	ent Ope	erator	Constr	uctic	n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
0	Isaac Slyveste	er Moreland			Bessi	e May La	rgent	:
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip (Code)
6	Adrian L. Morela	and		1, Bo:		Ridgele		V 26753
•	20a, METHOD OF DISPOSITION	720	Db. PLACE OF DISPO	SITION (Name of	cemetery, crematory or	20c. LO	CATION — C	Sty or Town, State
- 1	Burial 2 Cremailon 3 Res	noval from State	other place)		Cemetery		vels,	W
	21. SIGNATURE OF FUNERAL BEHIVICE L	CENSEE 1/7	7		AND ADDRESS OF FA		,	
	1-1-1	· 11 . ///		Sha	affer Fu	neral Honain St.,	ne, Ir	nc.
	TRAKK	11 all 2						
_	23. PART I. Inter the diseases, or shock, or haert fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one dause on Due TO JOR AS	A CONSEQUENCE O	DI	M/A	E//2/	ratory arre	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS	A CONSEQUENCE O	pro	hote	my		
8	BART II Other elegifleset conditie	7.						
	PART II. Other significant condition	one contributing to death	but not resulting	in the underl	ying cause given in			24b. WERE AUTOPSY FINOINGS
	PANTIII. Other significant condition	one contributing to death	but not resulting	in the underl	ying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PAN II. Other significant condition	one contributing to death	but not resulting	in the underl	ying cause given in		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL	25. WAS CASE REFERRED TO MEDICAL	one contributing to death	but not resulting		ying cause given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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X

Vent, the medical examiner must be notified at once.	IMPORTANE If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notined at once.
cremation, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
mpletely filled in by the funeral director, page 5 should be detached for use as the burial-trans	IND THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans
within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
6, BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGIEN	E		10001
	1. DECEDENT'S NAME (First, Middle, Last)	A4				2. DATE OF DEATH	NY .	YEAR	3. TIME OF DEATH
d	RAYMONO 4. SOCIAL SECURITY NUMBER		NOEL	-		MAY S	13	90	3.20 PM
	577–68–1121	1 🔀 M 2 🗆 F	n yrs. last birthday 40 YRS.	MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH	1	MARY	LAND
OH O	PRESIDENTIAL WOOI	DS NURSING HO	ME		TOWN OR LOCATION OF D ADELPHI	EATH	PRIN	CE G	EORGE'S
DIMECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. C	CITY, TOWN O					10d. INSIDE CITY
	MARYLAND PRINC	CE GEORGE'S		LAN	DOVER HILLS				LIMITS?
ERAL	100. STREET AND NUMBER 6817 SHEPHERD ST	TREET	•		10f. ZIP CODE	784	10g. CITIZ	U.S	.A.
BY FUN	11. MARITAL STATUS 1 XXVever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	H	MS DECENDENT OF HISPA yes, specify Cuben, Mexic YES 2XXNO Speci	nn, Puerto Ricen, etc.)	or No-		- American Indian, White, etc. BLACK
COMPLEIED	15. DECEDENT'S EDUCATION 16a. DECED				CUPATION uring most of working	16b. KIND OF BU			
							Sumame)		
TO BE	190. INFORMANT'S NAME (Type/Print) WARREN SAVOY		19b. MAILI 1132	ng address 24 KET	(Street end Number or Purel TERING TERR	ACE UPPER	n, State, Zip (MARLB	ORO,	MD. 20772
	20e. METHOD OF DISPOSITION 1 N Burlel 2 □ Cremation 3 □ Rem. 4 □ Donation 5 □ Other (Specify)	oval from State	HARMON	Y MEMO	ne of cometery, crematory or RIAH CEMETE	RYTERY LAN			rn, State RYLAND •
	21. SIGNATURE OF EMPERAL SERVICE LIC	aylor	/		OLLINS FUNE 339 HUNT PL			D.C	20019
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that cause on e last only one cause on e	CONSEQUENCE	- VC :	fre D.	ch as cardlec or reap		est,	Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	DINSEOVENCE	myc	05.775.				
MEDICAL C	PART II. Other eignificant condition	s contributing to deeth b	out not resultin	ng in the un	derlying cause given in	Pert I. 24s, WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 23 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	26. PLACE OF DEATH (C			1	
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, fam	m, street, fact	ory, office	281. LOCATION (Street City or Town, State		or Rural R	loute Number,
COMPLE	and and	ICIAN: To the best of my know) and manner as stated.
BE	296. SIGNATURE AND THE CERTIFIE	Ful	1		29c, LICENSE NU D3/		294. DATE	SIGNED 12	(Month, Oby. Near)
9	30. NAME AND ADDRESS OF PERSON WA	COMPLETED CAUSE OF DE	M 27) (7	Type, Print)	500 G	reenwea If, mai	4 C	ナイラ	Dr.
	MAY 24 90	32. AEGISTRAPS, SIGN	Mandel	2					

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)	Frank	Toby	n Minn	202			2. DATE OF OEATH MONTH D	AM	VEAD	3. TIME OF DEATH	
	FRAN	IK	Frais	OOIII	n Mina	14) 11	VARI	>			90	130 P	M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YE			7. DATE OF BIRTH			IPLACE (State or Foreign	gn
	000 01 6050		1 🔀 M 2 🗆 F	75	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) 04 21	15	Count	m t Virgini	a
	232-01-6253 9a. FACILITY NAME (If not in	stitution, give s	street and number)	. /		9b. CITY, TO	WN OR LOCAT	ION OF DEA		9c. COUN			<u></u>
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DIRECTOR	RESIDENCE OF DEC		Cylindo	10.61	274		Clira	2011		TRIPLE	(5)	100K7	.7
Ĕ	10e. STATE	10b. COUNT	Υ		10c. CITY	TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?	
5	Maryland	Princ	ce George	e's	Di	strict	Heig	hts				1 YES 2 NO	0
	10e. STREET AND NUMBER		-		•		10f. ZIP COD	Œ		10g. CITIZ	EN OF V	WHAT COUNTRY?	
FUNERAL	6910 Kipl	ing Pa	arkway				20	747		11	.S.7	Α.	
3	11. MARITAL STATUS		12. WAS DECEDER						C ORIGIN? (Specify Yes	-	14. RACI	E — American Indian,	
	1 Never Married 2			YES 2			E, specify Cub YES 2 XNO		, Puerto Rican, etc.)		Spec	k, White, etc.	
BY	3 Widowed 4 Divo	rced	WWT-					,		- (casian	
COMPLETED	15. DEC	EDENT'S EDU	CATION		DECEDENT'S			la a	16b. KIND OF BU	SINESS/INDL	USTRY		
	Elementary/Secondary (0	1	College (1-4 or 5	+)	(Give kind of w life. Do NOT use	retired.)	g most or work	ing					
립	9th		N/A	9	Salesma	n			Clothi	na			
0	17. FATHER'S NAME (First, M	iddle, Last)					16, MOT	THER'S NAM	IE (First, Middle, Maiden				
	Anthony M	linard					Ì		Mary Br	unett:	i		
BE	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS (St	reat and Numbe	er or Rural Ro	oute Number, City or Tow				
2	Nazarene	C. M	inard		Same	as 10	A- F						
	20e. METHOD OF DISPOSIT			20b. PL	ACE OF DISPOS			matory or	20c. LC	CATION — C	City or To	own, Stata	
	1X Buriel 2 Cremetic 4 Donation 5 Other		noval from State	Max	or place) Wland	State	Veter	ans C	emetery	Chal+	onha	om Marrila	52
	21. SIGNATURE OF FUNERA	-	CENSES	1	Teara	22. NAN	IE AND ADDRI	ESS OF FAC	Lee Fu	noral	Lion	no Tra	110
	5	Z/,	/ 11	1	0	6623	014	7.1.0	nder Feren	nerar		ne, inc.	207
		K.E.	2/1/2	1004	2	003.) Old 1	нтеха	nder Ferr	у ка (CIII	iton, Ma	20 /
		eart fallure.	List only one ca	use on each	line.					iratory arre	eat,	Approximate Interval Bette Onset and I	ween
	IMMEDIATE CAUSE (Finel disease or condition possition in death) PROSTATIC CANCER.												
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	resulting in death)	→			NSEQUENCE OF		ANC	ER	•				
Z	resulting in death)	+ 					ANC	ER					
TION	resulting in death) Sequentially list condit If any, leading to imme	diate	DUE TO	OR AS A CO):	ANC	ER	6				
ICATION	resulting in death) Sequentially list condit	diate ING	b DUE π	O (OR AS A CO	NSEQUENCE OF):	ANC	ER	•				
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	PART II. Other signification of the Examiner? 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 SANO 27. MANNER OF PEATH	ent condition	b. DUE TO c. DUE TO d. HOSPITAL: 15 (Patient 2) 28a, DATE O	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O death but r	INSEQUENCE OF IN	OTHER: 4 Nursing	tying cause A(L)) R6. PLACE OF Home 5 F WORK?	given in F	Part I. 24a, WAS AI PERFO 1 U YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	USE
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MEDICAL

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be demand to the surviverse burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Mcclelland IDA 8:05P M 7. DATE OF BIRTH
(Month, Day, Year)
July 1, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 214 - 30 - 0211 1 | M 2 | KF 78 1911 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Laurel-Beltsville Hospital Prince George Laurel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George Laurel 1 YES 2 X NO 104. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15410 Bond Mill Road U.S.A. 20707 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Marrie Specify: White 3 Widowed 4 Divorced 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Grade 8 Sales Clerk Lansburghs Dept. Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ashby Burton Emma Kolpack 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tox:n, State, Zip Code) William S. McClelland 15410 Bond Mill Road Laurel. Maryland 20707 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State 1 N Burial 2 Cremation 3 R 4 Donation 5 Other (Special) Union Cemetery Burtonsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. Treyer 313 Talbott Ave. Laurel, Maryland 20707 ses, or comp 23. PART I. Enter the disc that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Congestive Heart Exicuse

DUE TO (OR AS A CONSEQUENCE OF):

ISCHEMIC CARDIONS YOR SYNTY

DUE TO (OR AS A CONSEQUENCE OF): IMMEDIATE CAUSE (Final Onset and Death disease or condition_ MONTHS resulting in death) Sequentially list conditions, If any, leading to immediate RENAL FAILURE cause. Enter UNDERLYING CAUSE (Disease or Injury

resulting in death) LAST	. Hypertens			YEARS
PART II. Other significant condition	ns contributing to death but not res	ulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL FXAMINER?	HOODITAL	26. PLACE OF DEATH (Check only o	ne)	

		HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nu	26. PLACE OF DEATH (CI R: reing Home 5 - Residence		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	
a Deviates	6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)			28f. LOCATION (Street and Number or Rural Route Numb City or Town, State)	HOV;

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

	, , , , , , , , , , , , , , , , , , , ,	
96. SIGNATURE AND TITLE OF DEPTIFIED	29c. LICENSE NUMBER D22836	29d. DATE SIGNED (Month, Day, Year) 5 - 29-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	
NEDDONT LE WINE, M.D.	11055 Letter Porarey Pay	(College Oran ma)

31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE wha Davidson-Randalle MAY 3 0 '90

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner m TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E-ricurs after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disable filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH					1	
ľ	Edi	ward Martin Miles				7. 19					
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yr		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	,	8. BIRTHPLA Country)	CE (State or Fon	eign	
	220 - 34 - 4630 10	X M 2 F 89 YRS. MONTHS			HOURS MIN.	July 9,	1900	Maryland UNITY OF DEATH			
DIRECTOR	14408 Old Columbia Pike Burtonsville Montgomery RESIDENCE OF DECEDENT								ıy		
EG					N OR LOCATION				10d. INSIDE CITY		
E I	Maryland Montgomery			Burtonsville			LIMITS? 1 (X) YES 2 () NO 10g. CITIZEN OF WHAT COUNTRY?			40	
FUNERAL	14408 Old Columbia Pike				10g. CITIZ						
NE I			e ADMED		0866	IC OBIOINS (8	Yes or No.	U.S.A	American India		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Ve If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 — YES 2 NO Specify:				Black, White, etc. Specify: White			
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION										
COMPLETED	(Specify only highest grade com	pleted) ollege (1-4 or 8 +)	(Give kind of work of life. Do NOT use reti	done during moi	t of working						
2	Grade 7 Farmer			Self-emp				ol o ue d			
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Melden Surname)						
C	Ephraim P. Miles				Sarah Iager						
TO BE				RESS (Street a	et and Number or Rural Route Number, City or Town, State, Zip Code)						
=	Ethel D. Miles		14408 08	d Coli	umbia Pik	e, Burto	nsville	2, Md	20866		
T I	20e, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cremetor other place) Company of the place										
	4 Donation 5 Dotter (Specify) St. Paul's Cemetery Fulton, Maryland 21. SIGNATURE OF FUNERAL SERVICE CONSTRUCTION ST. Paul's Cemetery Funeral Service Construction St. Paul's Cemetery Fulton, Maryland							ana	_		
	Donaldson Funeral Home, P.A.										
	Carlo ut Jaya	Sonally 1-7	-			ve. Laur					
	23. PART I. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abook, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):									tween	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL O	PART II. Other significant conditions contributing to death but not resulting in the use of the factor of the size				PER		S AN AUTOPSY REFORMED? ES 2 PNO	MED? AMAILABLE PRIOR TO		TO	
A	AT THE COST DESCRIPTION TO MEDICAL										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
₹	27. MANNER OF DEATH	□ YES 2 ☑ NO □ 1 □ Inpertent 2 □ Outpettent 3 □ DOA □ 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) NNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
BY PH	1 Natural 5 Pending 2 Accident Investigation	Natural 5 Pending (Month, Day, Year) INJURY M			RK?						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)			t, factory, offic	factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.										
BE	296. SONATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER 035-92			29d. DATE SIGNED (Month, Day, Year) May 191, VEGO			
2	30. NAME AND ADDRESS OF PERSON WHO C	H (ITEM 27) (Type, Prir				-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	2901 Olney-Sandy Spring Rd. Olney, Maryland										
	31. DATE FILED (Mostly, Day, Way) 90	32. REGISTRAR'S SIGNATION									

BALTIMORE, MARYLAND

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

						91	16555		
1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Li					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
Margaret Eliz		(In vrs. lest birthdev)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	90	THPLACE (State or Foreign		
217-03-1756	1 - M 2 10 F	, ,	ONTHS DAYS	HOURS MIN.					
9. FACILITY NAME (If not institution, g University Hos		91		more_	EATH ^	9c. COUNTY OF	DEATH		
10a. STATE 10b. COL			rown on Locate	on n Height	8	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 516 Shipley Ros	ad		101.	ZIP CODE 21090		F WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 M Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMEO 3 2 NO DATES	If yes, spe	NDENT OF HISPAN	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.) y:	CE — American Indian, lick, White, atc.			
15. DECEDENT'S	EDUCATION	16. DECEDENT'S US			16b. KIND OF BUS	SINESS/INDUSTRY			
(Specify only highest of Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Give kind of work	,	t of working	Hon				
17. FATHER'S NAME (First, Middle, Last		пошеша	OVET.	18. MOTHER'S NA	ME (First, Middle, Malden				
William Earl D									
19a. INFORMANT'S NAME (Type/Print)									
William H. Mil									
20a. METHOD OF DISPOSITION 1 W Burial 2 Cremetion 3 1 4 Donation 5 Other (Specify)	Removal from State	other place) Meadowrid				cation - city or	Town, State Maryland		
21. SIGNATURE OF FUNERAL SERVIC	ELICENSEE		Gary		cuty nan Funer Elkrode		21227		
23. PART I. Enter the diseasee,	or complications that cause are. List only one cause on	ed the deeth. Do not					Approximete Interval Between		
iMMEDIATE CAUSE (Fine) disease or condition resulting in death)			Onset and Death						
	DUE TO (OR AS A CONSEQUENCE OF):								
Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF:		4	1/1/				
Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF:							
DATE II Other simulfored cond	itions contributing to deeth	but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO 27. MANNER OF DEATH	cov netaty	HZ			PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
		_			APPRO	VAL	1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICA				ACE OF OEATH (C)					
EXAMÍNER? 1 Z YES 2 NO	HOSPITAL:		OTHER:	5 - Residence	e ☐ Other (Specify)				
27. MANNER OF DEATH 1 Nefural 5 Pending	280. DATE OF INJURY (Month, Day, Year) 5-15-90	28b. TIME (INJUR 10:15	YF WO	URY AT RK? 'ES 2 1 100	Subject		home		
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, atro	eet, factory, offic		28f. LOCATION (Street City or Town, State	and Number or Run	al Route Number,		
The state of the s			me				Anne Arundel		
Torroom only	HYSICIAN: To the best of my kno MINER: On the beels of examinat						e(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU		29d, OATE SIGN	IED (Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED ANDER OF	DEATH (ITEM 27) (June 1)	Print			15 M	AY 90		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Blendidonhy,

'90

M.

31. OATE FILEO (Morith, Day, Year)
MAY 1 7

22 S. Greene
32. REGISTRAR'S SIGNATURE

Greene St., Balto.,

Julia Savidson Randole

21202

OHMH-18 Rev 1/89

EDGT : Th

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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacthed.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx frours after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR		STATE OF I					EALTH AND I	MENTA	L HYGIEN	_	50		
	1. DECEDENT'S NAME (First, GILBERT	H		Huber PONKE	t 1	Voonk		er	JU	N I	AY I	390	TIME OF DEATH	
	4. SOCIAL SECURITY NUMB 225-18-2177		5. SEX 1	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	May	of BIRTH h, Day, Year) 10,19	_	Virg		
TOR	FALLSTC	N G	EN L	HOSP	P FALLS'IE N								ORD.	
DIRECTOR	Maryland	10b. COUNTY Ha	rford			10c. CITY, TOWN OR LOCATION Bel Air					16d, INSIDE CITY LIMITS? 1 \square YES 2\square NO			
FUNERAL	1812 Conows		101. ZIP COOE 21014						USA					
ВУ	11. MARITAL STATUS 1						t yes, ap	ENDENT OF NISPAI actify Cuban, Maxica 2 NO Specifi	in, Puerto		e or No-	14. RACE - Black, Specify. Whi		
COMPLETED	(Specify only highest grade completed) (Given Secondary (N-12) College (1-4 or 5 a)					CEDENT'S USUAL OCCUPATION TO kind of work done during most of working DO NOT use retired.) todial Worker			168	Board			tion	
BE COM	17. FATHER'S NAME (First, MI Elwood La	ddle, Lest) Wrenc	e Noon	kester				18. MOTHER'S NA Rache	_	Middle, Maiden Leota	Sumame) At	well		
TOB	19a. INFORMANT'S NAME (Type/Print) Ruby L. Noonkester 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1812 Conowingo Road, Bel Air, Md. 21014													
	20a. METNOD OF DISPOSITION 1 Greation 3 Greation 3 Removal from State 4 Donation 5 Other (Specify) Harford Memorial Gardens 21. SIGNATURE OF FINERAL SERVICE LICENSEF										n, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, 1317 Cokesbury Road, Abingdon, Md. 2														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Cause of the cause of the death of the cause of													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CONCIOVAL Callar axe identify a conditions, our to (or as a consequence of): Park INSON'S disease of injury that initiated events The to (or as a consequence of): OUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	OSTCOCHUNTUS 1 YES 2 NO ON									WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE!	₹:	ACE OF DEATH (Cr						
	27. MANNER OF DEATN 1. Natural 5	Pending Investigation	280. DATE O		28b. TII		28c. IN.	PURY AT DRK? YES 2 NO	1	SCRIBE HOW	INJURY O	CCUREO		
TED BY	2 Accident 3 Suicide 6 Nomicide	home, farm,	street, fact	tory, offic	a	261. LO	CATION (Street or Town, State	et and Number or Rural Route Number, te)						
COMPLETED	enel ciny		ICIAN: To the best of										and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE	byos	h'mo	-				D292	MBER 7		29d. DA	DATE SIGNED (Mogith, Day, Year)		
-	30. NAME AND AODRESS OF		O COMPLETEO CAI	SE OF DEATH (IT	TEM 27) (Typ	e, Print)	Be	LAir R	L Be	L Air 1	MP	2101	{	
	31. DATE FILEO (Month, Day,	4 90	32. REGISTR	ar's signature										

BALTIMORE, MARYLAND	sours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detachen, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

MAY 3 0 90

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGI				
	1. OECEOENT'S NAME (First, Middle, Last) ARTHUR NEVITT	ARTHUR I	PRESTON	NEVIT	Т	2. DATE OF GEAT MONTH MAY	27 199			
1	4. SOCIAL SECURITY NUMBER 578-20-6058 9e. FACILITY NAME (If not institution, give si	1XXM 2□F 76	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		()	BIRTNPLACE (State for Foreign Country) 3 Maryland		
HOT	Southern Maryl				nton	ince George'				
FUNERAL DIRECTOR	Maryland Cha			town or Locat				10d. INSIDE CITY LIMITS? 1 TYES 2 THO		
ERAL	10a. STREET AND NUMBER . 11Strawberry P	lace		10f	20616		10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 🔀 🕪 🗘	If yes, sp	ENOENT OF NISPAN Inclined Cuben, Mexical 2 X X X Specify	IIC ORIGIN? (Specifi n, Puerto Rican, etc.		- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of wo Me. Do NOT use Sales/S	rk done during mo retired.)	7 most of working					
BE COM	17. FATHER'S NAME (First, Middle, Last) George Nevitt					ME (First, Middle, Me vailabl				
TO B	19a. INFORMANT'S NAME (Type/Print) William A. Nevitt 19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 9 Strawberry Place, Bryans Road,									
	20s, METNOD OF DISPOSITION 1 Deurle 2 Cremetton 3 Rem. 4 Denation 5 Other (Specify)	oval from Stata	PLACE OF DISPOSITE OTHER PIECE)	Cemete	etery, cremetory or		aldorf			
	21. SIGNATURE OF THE HEALT SETTINGE USING THE HEALT SETTINGE USING THE HEALT SETTINGE HEALT SETTINGE USING THE HEALT SETTINGE USING THE HEALT SETTINGE HEALT									
	23. PART 1. Enter the diseases, or canock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly Dna cause Dn	ha death. Do no ch iina. Aaduu Consequence OF):	t enter tha mo	da of dying, suc	h as cardiac or r	espiratory srrest			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	b. OHE TO (OR AS A CONSEQUENCE OF)								
ERTIF	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):							
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PRO 1									
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
ВУ	27. MANNER OF DEATN 1 Netural 5 Pending Investigation Investigation 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 1 YES 2 NO Full while chasting the property of the p									
ETED	3 Suicide 6 Could not be 4 Nomicide determined	Hmu Do	By)	eet, ractory, onic		BUP 11	Taw persi	Pural Route Number		
COMPLETED	TOTAGE CITY	CIAN: To the best of my knowl R: On the basis of examination						mc 201616		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFICAL AUGUSTO P. ROLPIC	29d. DATE S ▶ 5 -	IGNED (Month, Day, Year)							
	30. NAME AND ADDRESS OF PERSON WH	//	DATCC MID	20749				/ '		

32. ARGISTRAR'S SIGNATURES
GIVE DAY OSON-Handell

3. TIME OF DEATN 22:26 рм

Approximats Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

15 minutes.

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	urs after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

George

B

1 -

- 1	George	B. Ohrel.						June 1	100	0	22:26 p		
9	4. SOCIAL SECURITY NUMBER 160-10-5038	5. SEX	6. AGE (In yrs. last bit		UNDER 1 YEAR NTHS DAYS	IF UNDER 2 HOURS	MIN. 7. D	TE OF BIRTH	1	BIRTHPLA Country) USA	ICE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give a Union Hospital		County	96	Che		N OF DEATN	y	9c. COUNTY		N		
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Md. Ceci		1		OWN OR LOCAT		W.				4. INSIDE CITY LIMITS? YES 2 NO		
BY FUNERAL	10e. STREET AND NUMBER 415 Cecil Street 11. MARITAL STATUS 1	12. WAS DECEDEN	IT EVER IN U.S. ARME YES 2 NO WAR OR DATES		101. ZIP CODE 109. CITIZEN OF WHA 21015 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify:								
8	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of work NOT use re	JAL OCCUPATION done during mo-			166. KIND OF BUSINESS/INDUSTRY FR TRAHS PORT			r Co		
BE COMPLET		OHREL	·	,		AH	KF	rst, Middle, Meidel KRI	Surname) 4 USS				
2	19s. INFORMANT'S NAME (Type/Print) MIPIA M 20s_METHOD OF DISPOSITION	OHRI		15	CECI	1 5	TO	20c 14	APE A	E C	State W		
	15 Burlet 2 Cremation 3 Rsm 4 Donation 5 Other (Specify)		BET	HE.	23 NAME AN	FOR	S OF FACILITY	CHENER CI	ESAR CAL A	EAK OM	ECITY		
	23. FART I. Enter the diseases, or ahock, or haert fellure. IMMEDIATE CAUSE (Final			h. Do not	anter the mo	de of dyln	ng, such as	cerdiec or rea	piratory srres	t,	Approximate Interval Between Onset and Dea		
	disease or condition resulting in death)		O (OR AS A CONSEQUE		Infarci	tion.					15 min		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury by initiated excesse or injury by the initiated excess of injury by the initiated excess or injury by												
CERTIF	thet initiated events resulting in death) LAST	d	OH AS A CONSECUE	ENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic liver disease and nyepathy. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2												
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PI	LACE OF DE	ATN (Check or	ly one)					
Y PHYSICI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF	ER/Outpatient 3 FINJURY Day, Year)	DOA 4 28b. TIME O INJUR	F 28c. INJ	Nursing Home 5 - Residence 8			8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE (building	OF INJURY — At home , stc. (Specify)	, form, stre	et, factory, offic	8	281.	LOCATION (Stree City or Town, Stat		Rural Rout	le Number,		
COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
TO BE (29b, SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	ConstRa	en M	() () () () () () () () () () () () () ((mt)	29c. LICE D07	nse number 129			June	onth, Day, Year)		

Wallace Obenshain, M.D. Cecilten, Md. 21913.

32. REGISTRAR'S SIGNATURE

Schie Davidson Randell

31. DATE FILED (Month, Day, Year)

JUN

'90 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATN MONTH

DHMH-18 Rev 1/89

June 1 1990 22:26 p feered . Garcoell 1 (0-10-'s) 8 x 10-01-11 APU Union Hospital of Cecil County Chesapeaks City Cecil

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Caronic liver disease and myopathy.

007129 4 June 90

Vallace Oberenain, M.D. Cecilton, Md. 21913.

BALTIMORE, MARYLAND 21203-3146	in 2-nours after death. Page 6 may be retained by the hospital or attending physician.	and completely filted in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should it to burlal, oremation, or removal.
BALTIMORE, M	iours after death. Page 6 may be r	d in by the funeral director, page 5 or removal,
x 13146,	be executed within 241	ian and completely filled in by or to burial, cremation, or ren

DIVISION OF VITAL RECORDS

ge 6 may be retained by the f	irector, page 5 should be detacl	must be notified at once.
Ithin 24 hours after death. Pag	etely filled in by the funeral di	nt, the medical examiner
be executed w	tan and comp	other traumatic eve
覆	Si.	R.
DING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed in the detach of the funeral director, page 5 should be detach as the completely filled in by the funeral director, page 5 should be detach as the funeral detach with the State hand of Health as the funeral detach with the State hand of Health as the funeral detach with the State hand of Health as the funeral detachment of the funeral detachment of the funeral detachment of the funeral detachment of the funeral detachment of the funeral detachment of the funeral detachment of the funeral detachment of the funeral director, page 5 should be detached as the funeral detachment of the funeral director of the fu	IMPORTANT; If Item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTA			MENTAL HYGIEI						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	. JAMES K		POLK			MAY 30,		8:15 a м				
	4. SOCIAL SECURITY NUMBER		MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	fonth, Day, Year) Country)					
	214-10-8083 Se. FACILITY NAME (If not institution, give st	1 📉 M 2 🗆 F	79 YRS.	OUTV TOWN O		SEPT. 2,		ARYLAND				
Œ	BOX.		9(R LOCATION OF DE	ATH	9c. COUNTY OF DEATH					
5	165 FORREST GRO	VE ROAD		PAR	SONBURG		WICOMICO					
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?						
	MARYLAND WIC	OMICO	RSONBU	RG ZIP CODE		1 ☐ YES 2						
FUNERAL		CDOWN DOAD		101.			10g. CITIZEN	OF WHAT COUNTRY?				
SN	BOX 165, FORREST 11. MARITAL STATUS	12 WAS DECEDENT EVEN IN II	J.S. ARMED	13. WAS DEC	21849 ENDENT OF HISPAN	IIC ORIGIN? (Specify Y	a or No 14.	NACE — American Indian,				
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO		ecity Cuban, Mexican 2▼ NO Specify	n, Puerto Rican, etc.)		Bleck, White, etc. Specify:				
р ву	3 Widowed 4 Divorced			<u> </u>	41			WHITE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	6a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos	N st of working	16b. KIND OF BI	JSINESS/INDUST	TRY				
PL	Elementary/Secondary (0-12) 1 1 YEARS	College (1-4 or 5 +)	ELECTRI	CINN		ELECTE	RIC COM	PANY				
OM	17. FATHER'S NAME (First, Middle, Last)	RO	EEEOIKI	OTHIN	18. MOTHER'S NA	ME (First, Middle, Maide						
ш	,WADE H.	POLK			MARY	UNK	H	ENRY				
TO B	19e. INFORMANT'S NAME (Type/Print)					Poute Number, City or To						
	LOUISE C. POLK-W		BOX 16			RD, PARS	ONBURG,					
	26a. METHOD OF DISPOSITION 5/3] 1 Burlel 2 X Cremetion 3 Rame 4 Donation 8 Other (Specify)	oval from State	ISBURY C			1	ALISBUE					
	21. SIGNATURE OF FUNERAL SERVICE LIC		I S DOKI C	22. NAME AN	ID ADDRESS OF FAI	CILITY		(I, FID				
HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY,								MD 21801				
	23. PART I. Enter the diseases, or o	complications that caused t	ha death. Do not	sater the mo	de of dying, suci	h as cardiac or rea	piratory arrest	Approximate				
	23. PART I. Enter the diseases, or complications that count the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart feliure. List only one cause of each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Many nan plural mesaltheliam (y.											
	disease or condition regulting in death)	Makono	ut al	elina	/ me	solhele	oma	1 Us.				
	, and a second	DUE O (OR AS A C	CONSEQUENCE OF:									
NO	Sequentially list conditions, b. DUE TO OR AS A CONSCIUENCE OF.											
CERTIFICATION	If any, leading to immediate a cause. Enter UNDERLYING											
IFIC	CAUSE (Disease or injury thet initiated evants	DUE TO (OR AS A C	CONSEQUENCE OF):									
EH	resulting in death) LAST	d										
CAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND											
S						1 _ YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDIC								1 YES 2 NO				
Z												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I c	26, PL	ACE OF DEATH (Ch	eck only one)						
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 □ Inpetient 2 □ ER/Outpet		□ Nursing Hom		8 Other (Specify) 28d. DESCRIBE HOW	I IN NEW ACCIO	200				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO		200. DESCRIBE HOW	INJURY OCCUP	ieo				
) BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	- At home, farm, stre	treet, factory, office 2af. LOCATION (Street and Number or Rural Route Number,								
TEI	4 Homicide determined building, etc. (Specify)											
COMPLETED		ICIAN: To the beat of my knowled	dge, death occurred	at the time, date	end place, end due	to the cause(e) end m	anner ee stated.					
OM	One) 2 MEDICAL EXAMINE	ER: On the besie of examination (and/or investigation,	In my opinion, d	leath occured at the	time, date end place,	end due to the c	ause(e) and manner ee stated.				
BE (296. BIGHATURE AND SITUROF CERTIFIES	11/10/	2	115	29c. LICENSE NUM	MBER	29d. DATE S	IGNED (Month, Day, Year)				
10	30 NAME AND ADDRESS OF PERSON WH	V HMV	me n	ND	D3(ec	246	,	0130190				
	Robert W Old	O COMPLETED CAUSE OF DEAT	145 F	Co	rollS	+ Sali	church	Md 2/801				
	31. DATE FILED (Month, Day Year)	32. REGISTRAN'S SIGNAT	URE D	bee	, VC - 1	· Cure	- John y					

TYLAND 21203-3146

BALTIN

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: It teem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examination. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE REG. N	
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	

	1 - STATE REGISTRAR		SIAIE UF I	rian i La	CERTIF					MENIAL H	FG. NO.			
	1. DECEDENT'S NAME (First, Mic	idle, Last)								2. DATE OF D	EATH		MEAR	3. TIME OF DEATH
ĺ	HELEN LAURET	TA PE	RICKETT							MONTH	38	5	90	GOA "
	4. SOCIAL SECURITY NUMBER		5. SEX		n yrs. last birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, De)	/, Year)		Country	PLACE (State or Foreign
	577-09-9752		1 🗆 M 3 🕏 F	/	72 yrs.	MONTHO	UAIS	noons	mir.	Mar.	18,	1918		ryland
~	9e. FACILITY NAME (If not institu							R LOCATIO	N OF DE	ATH		9c. COU	NTY OF DI	EATH
DIRECTOR	Physicians N		La Plata Charle							S				
<u> </u>		b. COUNTY				Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY		
5	Maryland Charles					Waldorf						1 Tes 2 Xio		
FUNERAL	100. STREET AND NUMBER 72 Garner Av		101. ZIP CODE 20602						10g. CITIZEN OF WHAT COUNTRY? USA					
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee on it yee, specify Cuben, Mexicen, Puerto Rican, atc.) 1 YES 2 X NO Specify:					or No—	or No- 14. RACE — American Indien, Black, White, etc. Specify: White		
9	15. DECEDE (Specify only hig				16e. DECEDENT'S (Give kind of	work done	during mo		0	16b. KIN	D OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5	+)	Ilfe. Do NOT us	anagement					Reta	ail C	Groce	ry
	17. FATHER'S NAME (First, Middle Charles Pad									ME (First, Middle an Ire			on	
BE	190. INFORMANT'S NAME (Type/									Route Number, C				
٩	Clyde Pricke	ett			72 Ga	rnei	: Ave	enue,	Wal	.dorf,	Md.	2060)2	
20s. METHOD OF DISPOSITION 19 Burlat 2 Cremetton 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Maryland Veterans Cemetery Cheltenham, N														
	21. SIGNATURE OFFUNERAL S	aryland			D ADDRES			CIT	J 1 (())	ii iaiii,	MU.			
	• 11 0W	\geq	Huntt Funeral Home P. 0. box 156, Waldorf, Md. 20604-0							604-0156				
NO	22. PART Enter the diseases, or complications that deeth. Do not enter the mode of dying, euch as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause or each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CAL	PART II. Other significant	condition	s contributing to	deeth b	ut not recuiting	In the u	nderlyin	g cause g	iven in	Part I. 24	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
CIAN: MEDIC										1(YES			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NA P	25. WAS CASE REFERRED TO M	EDICAL	14-7-1-1					ACE OF D	EATH (Ch	eck only one)				
_	1 YES 2 NO		HOSPITAL:	☐ ER/Outp	etlent 3 🗆 DOA	OTHE 4 Nu		10 5 Re	eldence	6 Other (Sp	ectfy)			
Y PHYS	27, MANNER OF DEATH 1 Natural 5 Per	iding estigation	28a. DATE Of (Month, I	F INJURY Day, Year)	26b. TIR IN	E OF JURY M	WC	URY AT PRK? YES 2	NO NO	28d. DESCRI	BE HOW	INJURY O	CCURED	
ED BY	3 Suicide 6 Cov	ald not be	28e. PLACE (building	of INJURY , etc. (Spec	— At home, farm,	street, fa	ctory, offic	•		281. LOCATIO City or To	N (Street wn, State	end Numbe	er or Rural F	loute Number,
COMPLETED	and and		ICIAN: To the best o) end menner se stated.
BE	296. SIGNATURE AND TITLE OF			(c)	Lat ME			29c. LICE						(Month, Day, Year)
٩	30. NAME AND ADDRESS OF P	27	6 COMPLETED CAL	ISE OF OE	ATH (ITEM 27) (Type	, Print)	(),	11		MI	2	3601		70
	31. DATE FILED (Month, Day, Yes	<u></u>		AR'S SIGN	ATURE Son Randal	9	T.	71.02	/10	IN	ال			
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210	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
	Filed	POR
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	HEGISTRAR		CENTIFI	CALE	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) DANIEL	DON.		Parn	e//	2. DATE OF OEATH MONTH DA	1 199	YEAR 2240 M		
	224		(In yrs. last birthday)85	YRS. MONTHS DAYS HOURS MIN.			1905	8. BIRTHPLACE (State or Foreign Country) SALISBURY		
OR	9a. FACIUTY NAME (If not institution, give stree Peninsula General		9ь. сіту, тоу Sa1	isbury, MD	9c. COUNTY OF DEATH WICOMICO					
5	RESIDENCE OF DECEDENT									
FUNERAL DIRECTOR	MD. WICO		10c. CITY, TOWN OR LOCATION SALISBURY				10d. INSIDE CITY LIMITS? 1 - YES 2 NO			
ERAL	RTE. 2,	BOX 734 , JI	ERSEY ROAL	SEY ROAD 21801				ZEN OF WHAT COUNTRY? USA		
BY FUN	t1. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS OECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes	DECENDENT OF HISPANI , specify Cuban, Maxican YES 2 NO Specify:	, Puerto Rican, atc.)		14. RACE — American Indian, Black, White, etc. AFRU—AMERICAN		
	15, DECEDENT'S EOUCAT	ION	16a. DECEDENT'S U	ISUAL OCCUE	ATION	18b. KIND OF BUS				
	(Specify only highest grade co	mpleted)		ork done during	most of working	ISB. KIND OF BOS	SINESS/IND	OSTRI		
COMPLETED	Elementary/Secondary (0-12) 11th	College (1-4 or 5+)	RETIRED	,		PGHMC [осто	RS' NURSES		
BE CO	17. FATHER'S NAME (First, Middle, Last) HENRY	PURNELL			1e. MOTHER'S NAM	NE (First, Middle, Maiden OLA	Sumeme) LEON	ARD		
TO B	190. INFORMANT'S NAME (Type/Print) WANDA DOWNES				RE AVE., S			Code)		
	20g. METHOO OF DISPOSITION 1X Burial 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	at from State	b. PLACE OF DISPOSI	TION (Name o	cometery, crematory or MORY GARDE	20c. LO		City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE O O	11	ĴOĽĽ	EY MEMORIA	L'YCHAPEL,		2, BOX 920		
	Acreta B.	to les			SBURY, MD.					
	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such ee cerdiec or reepiratory erreet, ehock, or heert fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel diseasee or condition resulting in death) a.									
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	<i>'</i> '	618 Fly	JAS		3di		
EDICAL C	PART II. Other significent conditions	contributing to death	but not resulting in	the under	ying cause given in t	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Σ						1	NO	OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL			2	S. PLACE OF OEATH (Che	ok ophi opel				
S	EXAMINER?	IOSPITAL:		OTHER:						
PHYSICIAN:	1 YES NO Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK?					8 Other (Specify) 2ed. OESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident trivestigation 1 TES 2 NO 286. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATIC						CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED	onel	AN: To the best of my kno						ed. e cause(s) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MI			D / 50	BER 7	29d. DATI	E SIGNED (Month, Day, Year)		
2	DV. AND VEW FOR	9 CLJ4	EATH (ITEM 27) (Type,	Print)	sile Dr.#	A206 S.	AL.	MB- 2/801		
0	31. DATE FILED (Month, Day, Year) MAY 3 1 90	PAZ REGISTRAN'S SIG	No.							

be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 Раде 6 тау

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DR ATTENDING PHYSiCIAN; The law requires that the death certificate be executed) THE HOSPITAL D) THE FUNERAL D i filed within 72 ho

IMPORTANT:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type) Print)

32. REGISTRAR'S SIGNATURE

Mario F. Golle, Jr.MD

31. DATE FILED (Month, Day, Year)

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RECTUR: After this certificate has been signed by	72 hours after death with the State Dept, of Health and Mental Hygiene prior to bun	If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
B: A	ter d	50
EG	rs af	n 28
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5-29-90 7:30PM Elnora Parker 5. SEY 6. AGE (In yrs. last birthday) July 20, 1951 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 38 MONTHS DAYS HOURS MIN. Pennsylvania 1 M 2XXF 193-42-0340 9e. FACILITY NAME (If not Institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Prince Georges Co. 16500 Accolawn Road Accokeek DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10e. STATE 10c. CITY, TOWN OR LOCATION Prince George's Maryland Accokeek 1 YES 2 NO 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 16500 Accolawn Road 20607 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rical

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Merried 2 X Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 18e. OECEOENT'S USUAL OCCUPATION 16b. KING OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) N/A 12 Homemaker 18. MOTHER'S NAME (First, Middle, Malden Surname) 17. FATHER'S NAME (First, Middle, Last) Elizabeth S. Sommer Arthur I. Miller BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William T. Parker 16500 Accolawn Road, Accokeek, Maryland 20607 20a. METHOD OF DISPOSITION
1 □ Burlel 2X Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Metropolitan Crematory Alexandria, Virginia 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ere 6160 Oxon Hill Rd. Oxon Hill, Maryland 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reepiratory strest, shock or heart failure. List only one cause on each line. Interval Retween Onset and Death IMMEDIATE CAUSE (Final disease or condition Contact gunshot wound of head resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? XX YES 2 NO XXX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: XX YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ome KResidence 8 - Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending 5-29-90 м 1 YES XX NO Self inflicted ВҰ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) XX Suicide 6 Could not be determined COMPLETED 16500 Accolawn Road, Accokeek 4 Homicide Home 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date and piece, and due to the cades of enterminer of stated. County, MD XXXIMEDICAL EXAMINER: On the basic of ex on end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) end manner se stated. GNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 5-30-90 **OCME** 2

111 Penn Street, Baltimore, MD 21201

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TO BE COM	TO BE COMPLETED BY DUVEICIAM, MEDICAL CEDTIFICATION
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR				CERTIFI	CATE	OF DE	ATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF D				3. TIME OF DEATH	┒
	Harry Price Ph	4114	25						Mav	15		990	4:60 A.	мΙ
	4. SOCIAL SECURITY NUMBER			6 AGE //n ve	s. last birthday)	IF UNDER 1 Y	EAD DE IN	DER 24 HRS.	7. DATE OF B		,		HPLACE (State or Foreign	-1
	44			o. Mar. (III yi		-	AYS HOUR		(Month, Day, Year)			Count	(ry)	- 1
	043-03-5/64 1\(\frac{1}{2}\) M 2 □ F \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				85 YHS.	May 1, 1905)5	DE		
	9a. FACILITY NAME (If not institution, give street and number)				i	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH	- 1	
뛰	Corsica Hills	Mire	ing Cen	ter		Cent	revil	16				Q.A		-1
DIRECTOR	RESIDENCE OF DECEDEN	IT.	LII, COII	OCI		Centreville					W.H.			
וַ עַ	10a. STATE 10b. C	OUNTY			10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CITY	7
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	10e. STREET AND NUMBER						101. ZIP C	ODF		-	10a. CIT	IZEN OF	WHAT COUNTRY?	-
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FUNEHAL	11. MARITAL STATUS	12.	WAS DECEDENT FORCES? 1	EVER IN U.S	S. ARMED				NC ORIGIN? (S		or No-	14, RAC Blac	E — American Indian, ck, Whits, atc.	- 1
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3							-		ME (First, Middl	e, Maioen	Surnamej			- 1
M H	Thomas P. Phil	lins						Helen	Price					_
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and Nun	nber or Rural	Route Number, C	City or Tow	n, State, Z	ip Code)		
=	Thelma Gaines				RD 3.	Box	40 C	heste	rtown.	MD	216	20		-1
	20a. METHOD OF DISPOSITION			20b. PL	ACE OF DISPOS					20c. LO			Town, State	┪
	1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify		from State	oth	her place)	bury	Cemet	erv					, MD	- 1
	21. SIGNATURE OF FUNERAL SERVI		EE		1 2/			DRESS OF FA	CHITTY	3144		50011	,	\dashv
	an anamarune y rumenat senvi	CE LICEN	4/						al Home	2				- 1
	May B.	TIL	lows								lina	ton	MD 21651	- 1
	23. PART I. Enter the disease	s or com	nlications that	caused th	e death Do n								Approximate	-
	shock, or heart fe	liure. Liat	only one ceu	e on each	line.	Di antai tri	- 111000 21	ajing, au		Б	ratory a		Interval Betwee	
	IMMEDIATE CAUSE (Finel				00	. 0							Onset and Deat	th
	diseese or condition resulting in death)				16	UN							Lys "	+
	resulting in death)		DUE TO	OR AS A CO	NSEQUENCE OF	7: ^								\neg
.		_	L	0.	_ /	10							I Imat	- 1
RTIFICATION	Sequentially list conditions,	b	DUE TO	OR AS A CO	INSEQUENCE OF	D:							T TICKE	
F	if any, leading to immediate				CONSEQUENCE OF):									-1
2	CAUSE (Disease or Injury									\dashv				
=	that initiated events resulting in death) LAST		502 10	TO (OR AS A CONSEQUENCE OF):								į	- [
F. C.	resulting in deathly EAGT	d											_ i	-
_	PART il. Other eignificent con	ditione co	ontributing to	death but	not regulting i	n the unde	rivina ceu	es alven in	Part I. 24a, WAS AN AUTOPSY			24	b. WERE AUTOPSY FINDING	9
₹	PART II. Other organicone con	iditionic c	surrivating in	death but	not recording i	ii tile dilde	riying cou	oa given in	7 411 1.	PERFOR		1 47	AVAILABLE PRIOR TO	*
EDICAL									1	YES 2	□ NO		OF DEATH?	-1
													1 YES 2 NO	
Σ									_		10120201			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI	CAL					28. PLACE C	F DEATH (C/	neck only one)					\dashv
<u> </u>	EXAMINER?		OSPITAL:			OTHER:			n (Check only one)					\neg
\Z	1 YES 2 NO	111	Inpatient 2					•	6 Other (S					
Ŧ	27. MANNER OF DEATH		28a. DATE OF (Month, Di		28b. TIM	URY	C. INJURY A		28d. DEŞCRI	BE HOW	NJURY O	CCURED		-1
B	1 Netural 5 Pending 2 Accident Investig					М	YES	2 NO						_
	3 Suicide 6 Could r	not be			At home, farm, a	street, factory	, offica					er or Rural	l Route Number,	\neg
<u> </u>	4 Homicide detarmi		building,	etc. (Specify)					City or it	own, State;				
ш			1				_			_				\dashv
-	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death or					ed at the time	, data and p	laca, and du	a to the cause(s) and ma	nner as st	ated.		-1
TP.	(Check only		(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investig.											
OMPL	(Check only		_	2 MEDICAL EXAMINER: On the basis of examination and/or investigation,							1 1			
	(Check only one) 2 MEDICAL EX	(AMINER: C	_	camination ar	nd/or Investigation	/	LI 296. SIGNATURE AND TITLIN OF CERTIFIER 296. DATE S							\dashv
8	(Check only one) 2 MEDICAL EX	(AMINER: C	_	camination ar	nd/or Investigation	/		LICENSE NU	MBER			1	ED (Month, Day, Year)	\exists
8	(Check only one) 2 MEDICAL E) 29b. SIGNATURE AND TITLE OF CE	RTIFIER	In the basis of an	nd	× A			LICENSE NU				1	1	
BE	(Check only one) 2 MEDICAL E) 29b. SIGNATURE AND TITLE OF CE 30. NAME AND ADDRESS OF PERS	RTIFIER ON WHO CO	OMPLETED CAUS	BE OF DEATH	× A			LICENSE NU	MBER			1	1	
, TO BE COMPLETED	(Check only 1 CERTIF TING ONE) 2 MEDICAL ED 29b. SIGNATURE AND TITLE OF CE 30. NAME AND ADDRESS OF PERS	RTIFIER ON WHO CO	OMPLETED CAUS	BE OF DEATH	1 (ITEM 27 (Type	Print)		LICENSE NU	MBER			1	1	
BE	(Check only one) 2 MEDICAL E) 29b. SIGNATURE AND TITLE OF CE	RTIFIER ON WHO CO	OMPLETED CAUS	BE OF DEATH	× A	Print)		LICENSE NU	MBER			1	1	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician	after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transfer death with the State harm and Mantal Haniele and it bunial cremation, or removal.	by the funeral director, page 5 should be detached for use as the bunal-tra- moval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ileal examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE STATE STATE	CERTIFIC			MENIAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)				2. OATE OF OEA	гн	VEAD	3. TIME OF DEAT	н	
	Mary Parcis				MONTH	DAY DAY	990	3:45	an	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	H ar)	8. BIRTI	IPLACE (State or Fo	reign	
	212-03-6854 1 M 2 X F 86	YRS.	NTHS DAYS	HOURS MIN.	July 29			 Isvlvania	a	
	9a. FACILITY NAME (If not institution, give street and number)	98	CITY, TOWN	OR LOCATION OF D	EATH		INTY OF E			
OR	Southern Md. Hospit	2	Cli	nton		11/1	nce	Carro	5	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	DECEDENT								
E	200 0000		10d. INSIDE CITY LIMITS? 1 ☐ YES 2V							
	MD Prince George 100. STREET AND NUMBER	Clint		f. ZIP CODE		10g. CIT	IZEN OF 1	WHAT COUNTRY?	-	
H.	8310 Schultz Road			0735		USA				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yea or No-	14. RAC	E — American India	in,	
	IF YES, GIVE WAR OR DATES	X NO		secify Cuban, Mexico 3 2 NO Speci	an, Puerto Rican, at ly:	c.)	Spec	k, White, atc. ://y:	i	
ВУ	3 Wildowed 4 X Divorced			Λ				white		
COMPLETED	15. DECEDENT'S EDUCATION 18a (Specify only highest grade completed)	Give kind of work	done during m		18b. KIND O	F BUSINESS/IN	DUSTRY			
۳	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re				_			- 1	
M	17. FATHER'S NAME (First, Middle, Last)	elephone	opera		teler	hone c	ompa	ny		
				2.500		aloen Sumame)			- 1	
H	Maurice D. Phillips 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	ORESS (Street	Elsie J	Route Number, City of	or Town, State, Z	lo Code)			
임	Joanne Taxiera				inton MI					
	20a. METHOD OF DISPOSITION 20b. PL/	ACE OF DISPOSITI		metery, cremetory or		c. LOCATION -		own, Stata		
		er place) dar Hill	Cemet	erv		uitlan	d MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF F	ACILITY				$\neg \neg$	
	Propost En Willely				helm Fun			00=14		
	23. PART i. Enter the diseases, or complications that caused the	death. Do not			Road S			Approxima	ate	
	shock, or heert fallure. List only one cause on each	ilne.						Interval B		
	disease or condition	trale	user	11 12	min	P				
	resulting in death) a. DuE TO (OR AS A CO	NEOUENCE OF):	er feet	7	creve					
Z	Conversal to the and the second) Mas	role	ed a	anis	least	-			
E	Sequentielly list conditions, if eny, laeding to immediate	NSEQUENCE OF:	6			-/				
2	CAUSE, (Disease or Injury DUE TO/OR AS A CONSCOUENCE OF:									
Ē	that initiated events resulting in death) LAST	IOLOGENOL OF J.						ĺ		
CERTIFICATION	a. Bridispulle									
CAL	PART II. Other significent conditions contributing to death but in	ot resulting in	tha underlyin	ng cause givan ir	Part i. 24a. W	AS AN AUTOPSY ERFORMED?	24	b. WERE AUTOPSY F		
DIC	Annalystand.							OF DEATH?	CAUSE	
MED								1 YES 2	NO	
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. F	LACE OF DEATH (C	heck only one)		_			
IXS	1 YES 2 NO 1 Inpetient 2 ER/Outpatler	1			8 Other (Specif				$\overline{}$	
F	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	JURY AT ORK?	28d. DEŞCRIBE	HOW INJURY O	CCUMED			
B	2 Accident Investigation 28s PLACE OF INJURY — At home farm street factory office 28s LOCATION (Street and Number							Route Number.	-	
Œ	3 Suicide s Could not be determined 286. PLACE OF INJURY — 1 building, atc. (Specify)		,		City or Town,	State)		,		
	29a. CERTIFIER	- double constant					-11			
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and the control of the best of axamination and the control of the best of axamination and the control of the control of the best of the control of the best							(a) and menner as s	tated.	
8			,							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m		29c. LICENSE NO	1871	29d, D/	Z/	Month, Day, Your)	,	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Pr	rint)	000	014		10	0/10		
	Glenn (Tayman)	9200	Fren	n. Aus	0 #1	18/	100	en h	401	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	RE	1 67/1	11/100	- 11	0	1	C/E/1/	1-2/	
	IIII 0 1 '00 La Kill Day	00			MA	20-	777		- 1	

DIVISION OF VITAL RECORDS, P.

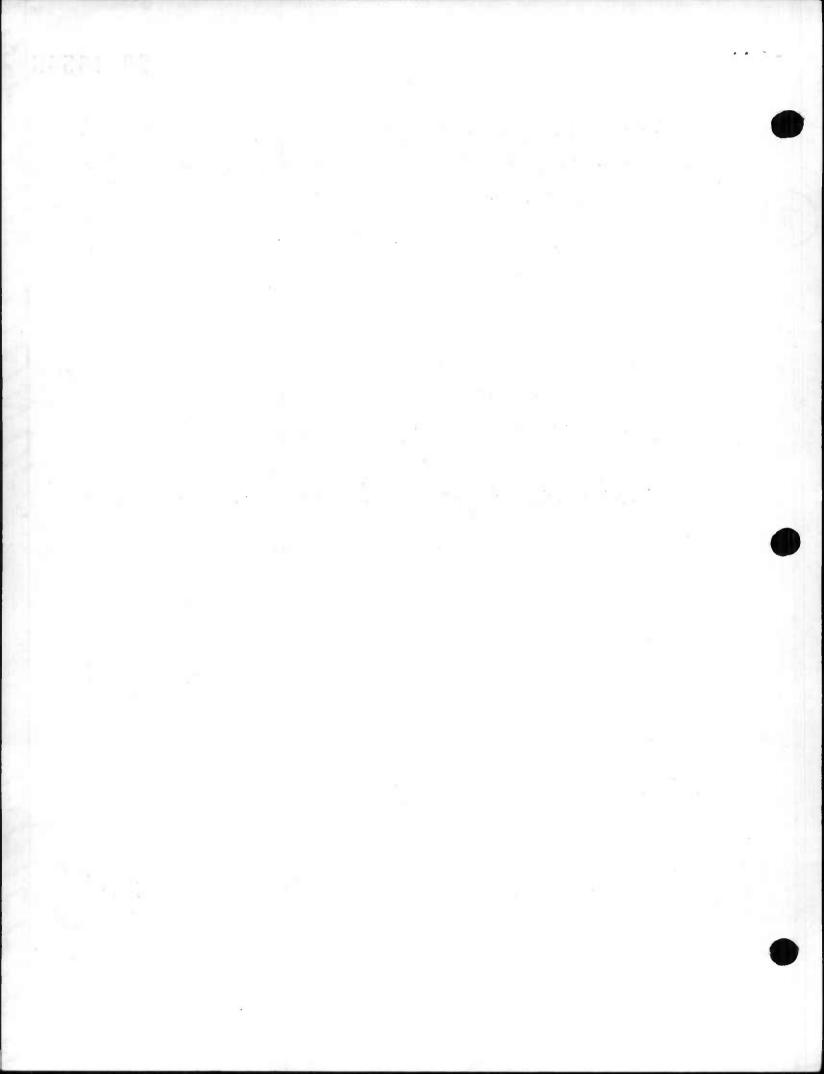
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DHMH-16 Rev 1/89

	3 should		
	1, 2,		
	Pages		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	be, filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
2101-2	2. DATE OF DEATH

	FOR STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE REG. NO					
1	1. DECEDENT'S NAME (First, Middle, Last) MARY ROMAINE PA	ARKE	R		2. DATE OF DEATH	3,199	968 3	TIME OF DEATH		
		//	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 27 -	31	6. BIRTHPL/ Country)	NCE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give street and number) 2102 Millers Mill Road		Ville	ATH		9c. COUNTY OF DEATH HOWARD County				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?				
	Maryland Howard County 100. STREET AND NUMBER	Co	oksvil	ZIP CODE		10g. CITI2	1 _ YES 2 XNO			
FUNERAL	2102 Millers Mill Road			21723			S.A.			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XO	If yes, spi		iiC ORIGIN? (Specify V n, Puerto Rican, etc.) /:	es or No-	14. RACE — Black, W Specify:	American Indian, Phila, etc. Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during mo		16b. KIND OF B	USINESS/IND	USTRY			
MP	12	Secret	arial			ol Bo	pard			
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maide					
BE	Richard Emery Matthe		DORESS (Street a	Emma	Carri					
٩	John W. Parker, Sr.	2102	Miller	s Mill	Road Co	oksvi	ille,	MD		
	20s. METHOD OF DISPOSITION 1 Seriel 2 Cremation 3 Removel from State 4 Donation 6 Other (Specify)	PLACE OF DISPOSIT other place) Parker			1	ocation - C				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11	22. NAME AT	ID ADDRESS OF FA				(1-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	Duan L. Hay	fet			4D 21784	-				
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, ehock, or heart feiture. List only one cause on each line. Approximate interval Between									
	immediate cause (Final disease or condition resulting in death) . Metastatic Breast Cancer N34R									
_	OUE TO (OR AS A CONSEQUENCE OF):									
SE	Sequentially list conditions, if any, leeding to immediate oue TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury									
H	that initiated eventa resulting in death) LAST									
	PART II. Other eignificent conditions contributing to deeth b	ut not resulting in	the underlyin	cause given in	Part i, 24a. WAS	AN AUTOPSY		ERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL					ORMED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSE			
MED						11		F DEATH?		
ä										
ICI	25. WAS CASE-MEFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO HOSPITAL: 1 Inpellent 2 ER/Outs		OTHER:	ACE OF DEATH (Ch	_					
HYS	27. MANNEB OF DEATH 28s. DATE OF INJURY	28b, TIME	OF 26c. INJ	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOV	V INJURY OCC	CURED			
ВУ Р	1 Netural 5 Pending (Month, Day, Year)	INJU		YES 2 NO						
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or lown, State)									
COMPLETED	29a. CENTIFIER (Check and) 1 CERTIFYING PHYSICIAN: To the best of my know DICAL EXAMINER: On the best of examination							ind manner as stated.		
	29b. NONATURE AND YITLE OF CENTIFIER	Assit C	epula	29c. LICENSE NU		-		fonth, Day, Year)		
38 C	botner A he. Mr.) W	RI O	314	73) (63	90		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DE	4616 H	erint)	K CONE	E WAY S	Ellir	5110	174		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN						-1	1		
	5'90 Lulia Naine	m- Randall								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSIC	Wer this cer	eath with th	marked,
OR ATTENDI	INECTOR: A	ours after d	em 28 is
SPITAL 0	NERAL DI	thin 72 ha	NT: If Its
TO THE H	TO THE FL	be filed wi	IMPORTA

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	TMENT	OF H	EALTH AND I DEATH	MENTAL		E		
	1. DECEDENT'S NAME (First, Middle, Last)		ENTIFI	CATE	OF	DEATH	2 DATE	REG. NO.		1	TIME OF DEATH
	Earl Sylveste	er Pickett					May	DA	1990	YEAR	1:15 P. M
		B. SEX 6. AGE (In yrs. In	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	4	OF BIRTH			ACE (State or Foreign
1	217-28-6449	M 2 □ F 92		MONTHS	DAYS	HOURS MIN.	(Month	. Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give stree				6 I	R LOCATION OF DE		1-18	9 / COUNT		yland
TOR	Sykesville Elde			80. CITT,		kesvil				rro	
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY	roll	10c. CITY	r, town or		bine					d. INSIDE CITY LIMITS? YES 2 1 NO
	100. STREET AND NUMBER 1111 Hoods Mill	L Road			10f.	2179	7		10g. CITIZE	U.S	· A ·
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		11	yes, spe	ENDENT OF HISPAN celfy Cuban, Maxica 2 NO Specify	n, Puarto F		or No- 1	Black, W	American Indian, Inita, atc. White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted) ((ECEDENT'S I Give kind of w	vork done du	CUPATIO	N st of working	16b.	KIND OF BUS	INESS/INDU	STRY	
P	Elamentary/Secondary (0-12) 6 Yrs.	college (1-4 or s+) none	State	e Ro	ads						
ON	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)		
BE C	Ezra E. Picket	:t				Emma	G1a	SS			
TO B	19a. INFORMANT'S NAME (Type/Print) Maisie M. Pickett 19b. MAILING ADDRESS (Street and Number or Paural Poure Number, City or Town, State, Zip Code) 1111 Hoods Mill Road Woodbine, Md. 21797										
	20c. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State										
1	4 Donation 6 Other (Specify) Taylorsville Cemetery Taylorsville, Md.										
	b Charles	Bernie J.			Bur	rier Fi field,	uner	al Ho	ome 2 21	784	
	23. PART I. Enter the diseases, or cor ahock, or haart failure. Lis (MMEDIATE CAUSE (Fine)	mplications that caused the d st only one cause on each lin	leath. Do n	ot enter t	he mod	de of dying, suc	h ss card	lisc or respi	ratory srre	st,	Approximate interval Between Onset and Death
	disease or condition resulting in death) e. Renal Failure								_		months
z	DUE TO (OR AS A CONSEQUENCE OF): Under Trusts Interferen yen										years
ATIO	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING And Asset Living And Asset Living And Asset Living									nehr	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUANCE OF	7):							
S	d.,									,	
PHYSICIAN: MEDICAL	1 VES 2 W NO OF DEATH?								MILABLE PRIOR TO OMPLETION OF CAUSE		
 ∑							_			1	LI 159 Z PJ NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (Ch	eck only or	e)			
KSI		Inpatient 2 ER/Outpatient	3 🗆 DOA	4 Nursi		e S 🗆 Residence	S 🗌 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF URY M		URY AT RK? 'ES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCI	JRED	
	2 Accident Investigation 3 Suicida 6 Could not be determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	nome, ferm, s	street, facto	ry, offica	16		ATION (Street or Town, State)		r Rural Rou	te Number,
COMPLETED	one) —	AN: To the best of my knowledge, d									nd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MKMCSIP				29c. LICENSE NUI	MBER				Ionth Day, Year)
5	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH OF	CM OD (Fee	Orint						, ,	•

SYKOVILLE

Randall

MD

21784

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. K. MCEVOY POBOX 1229

'90

31. DATE FILEO (Month, Day, Year)

CERTIFICATIO
MEDICAL
PHYSICIAN:
TED BY

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3	. TIME OF DEATH	
1	Marie	В	Pri	tchard		монтн 5	30 ^m	90	OYEAR 3	1:35 Am	
		5. SEX 6. AGE	AGE (In yrs. lest birthday)							ACE (State or Foreign	
1	~. 6 10-6331	1 M 2 VF	MONTHS DAVE MOURE MAN (Month, Day, Year)							land	
	9e. FACILITY NAME (If not institution, give street	st and number)			OR LOCATION OF DE	ATH			ITY OF DEA		
BY FUNERAL DIRECTOR	Memorial Hosp	ital		East	on			T	albo	t	
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				11	Dd. INSIDE CITY LIMITS?	
ā	Maryland Tall	bot	E	aston					1	YES 2 NO	
4	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?	
ÆR	522 August Str				21601				S.A.		
5		12. WAS DECEDENT EVER FORCES? 1 1 YES	IN U.S. ARMED		ENDENT OF HISPAN			or No-	14. RACE - Black, \	- American Indian, White, etc.	
Σ.	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 XNO Specify		,		Specify:		
			T	1				1	whi	te	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Give kind of	WOUND OCCUPATI Work done during me se retired.)	ON ast of working	16b. KIND	OF BUS	INESS/INO	USTRY		
۳		College (1-4 or 5+)					. a .	7			
₹ I	11	3	regist	ered n		edio					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME Kathle						
BE	Frank Thomas B	oone									
2	190. INFORMANT'S NAME (Type/Print) John W. Pritch	229			St., E				601		
			0b. PLACE OF OISPO			ascon			City or Town	000	
	1 Seriel 2 Cremetion 3 Removi	1/90 al from State	other place)								
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	Chester		Cemeter		CEI	icre	<u> </u>	e, MD	
					am Fune		ome				
	JOHN K		CERON	East	on, Mar	yland					
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis			not enter the me	de of dying, eucl	h ee cerdiec i	or reepi	ratory arr	reat,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel										
	disease or condition - e. Mastive pulmonary androlum <										
	resulting in death) e. Masture pulmonary androlus (4 8 fors) DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, DUE TO YOR AS A CONSEQUENCE OF .										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSCOUENCE C	r):						i	
윤	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	PF):						+	
E	resulting in death) LAST									1	
S	- d.									1	
	PART ii. Other aignificant conditions	_			-	Part i. 24e.	PERFOR	AUTOPSY MEO?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
DICAL	Chronic re	Reumal	toud a	thri	tis	1 [YES 2	NO		COMPLETION OF CAUSE OF CEATH?	
ME	_ with ad	vance	Lea	Redi	A				1	TYES 2 NO	
ä			C3-2 41 10/3								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)					
Š	1 TES 2 NO	1 Dinpetient 2 - ER/O	utpatient 3 🗆 DOA		ne 5 🗆 Residence	8 - Other (Spe	ecify)			1	
PHYSICIAN:	27. MANNER OF DEATH	26a, OATE OF INJUR (Month, Day, Year			JURY AT ORK?	26d. DESCRIE	BE HOW I	NJURY OC	CURED	1/1	
B	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S)	RY — A1 home, farm, pec/fy)	street, factory, offi	on .	281. LOCATION City or Tox	N (Street a wn, State)	ind Number	or Runal Ro	ute Number,	
	4 Homicide determined					<u> </u>					
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the best of my kn	owiedge, death occur	red at the time, dat	e end place, end due	to the cause(e)	end mar	mer as sta	ted.		
8	one) 2 MEDICAL EXAMINER:	On the basie of examinar	tion end/or investigati	on, In my opinion,	death occured at the	lime, date and	place, en	d due to 11	he cause(a)	and manner ee stated.	
ПС	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			29d. DAT	E SIGNEO (Month, Day, Year)	
0	Robert W.	Trever	., M. D	,	Dio	938		P 6	5-31	-90	
2	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Typ	e, Print)							
	RD3 Box	297	Fasti	M.	1.216	01					
	31. DATE FILEO (MONTH, Day, Year), MAY 3 1 90	297 32. REGIPTRAR'S SI	GNATURE XO.	.00							
- 1	MAY 2 I 3U	JUNEAR	MESON-Harla	WOE,							

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be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	clan and completely filled in by the funeral director, page 5 should be detached for use as the but	
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BALTIMORE, MARYLAND 21203-3146

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICA	ALE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) LOROTHY M. ALO	NE		Puse	У	2. DATE OF DEAT MONTH	9 199	YEAR 3.	ologo m	
	PA -00 - //d/	6. AGE (In yrs. less	YRS. IF 1	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vo. OCT . 16,	r)	8. BIRTHPLA Country) MARYI	AND	
TOR	98. FACILITY NAME (If not institution, give street and re Peninsula General Hos		9b.		bury, MD	ATH		9c. COUNTY OF DEATH Wicomico		
입	10e. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCAT	ION			10	d. INSIDE CITY	
DIRECTOR	MARYLAND WICOMI	СО		LISBUR	Y			1	LIMITS?	
A	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?	
띮	205 HONE SUCKLE DRIV	E			21801			USA		
FUNERAL	1 Name Married 2 Married FOR	DECEDENT EVER IN U.S. AR	MED IO	If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexican	, Puerto Rican, etc		14. RACE — Black, W	American Indian, /hite, etc.	
BY	3 Wildowed 4 Divorced	ES, GIVE WAR OR DATES		1 🗌 YES	2 □MO Specify.			Specify:	WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a. DE	CEDENT'S USU. Ive kind of work of Do NOT use reti	AL OCCUPATIO	N st of working	16b. KIND O	BUSINESS/IN	DUSTRY		
<u> </u>		(1-4 or 5+)	Do NOT use reti	red.)						
4	12 YEARS NO		SECRETA	ARY		INSU	RANCE	& DOCT	ORS OFFICE	
ō	17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S NAM	AE (First, Middle, Me	iden Surneme)			
BE C	AVERY T.	MALONE			MARGARI	ET UNK	CA	REY		
10 B	19e. INFORMANT'S NAME (Type/Print)	191	. MAILING ADD	RESS (Street au	nd Number or Rural R	loute Number, City o	Town, State, Zi	p Code)		
۴	BETTY ANNE DIMARE- S		058 CL	EARSPR	ING LANE					
	20s. METHOD OF DISPOSITION 5/23/90 1 X Burlel 2 Cremetion 3 Removal from 4 Donetion 5 Other (Specify)	State 20b. PLACE other place PARSO	E OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION — City or Town, olece) ONS CEMETERY SALISBURY, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA							
	John Ha	llowers	-		WAY FUNE SNOW HIL		-	Y, MD	21801	
	23. PART i. Enter the diseases, or complica	ations that coused the de	ath. Do not e	enter the mo	da of dying, such	as cardiac or	espiretory ar	rest,	Approximate	
	ehock, or heert fellure. List only IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e.	Conger		he	and f	ailm	2		interval Between Onset and Death	
z	OUE TO (OR A) CONSEQUENCE OF:									
CATIO	Sequentially list conditione, if any, laading to immediate causa. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	QUENCE OF):							
EDICAL	PART II. Other significant conditions contri				PE	S AN AUTOPSY RFORMED? ES 2 NO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?			
						-		1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF OEATH (Che	ock only one!				
PHYSICIAN: M	EXAMINER? HOSE	PITAL:		HER:						
¥		a. OATE OF INJURY	28b. TIME OF	28c. INJ	e 5 Residence URY AT	28d. DESCRIBE F		CURED		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WO	PRK? YES 2 NO					
red BY	Z Paccident	e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	t, factory, offic	•	28f. LOCATION (S City or Town,		er or Rural Rou	te Number,	
COMPLET	290. CERTIFIER (Check only one)									
Ö	2 MEDICAL EXAMINER: On In	nesse of exhibitingtion euglor	investigation, in	my opinion, d						
BE	296. SIGNATURE AND TUTLE OF CERTIFIER	MX	an	M	29c. LICENSE NUM	5209	29d. DA	TE SIGNED (M	fonth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITE	M 27) (Type, Prin	()		-001		- / 11		
2	John McLEA.	omp 5	60 R	122301	de Dr S	ndulas	w m	d.		
0	31. DATE FILED (Month, Day Year) 32	REGISTRAR'S SIGNATURE	Likken.		30 - ORAN LLE		3			

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

Marie III

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	Α.	Payre	2. DATE OF MONTH	DEATH DAY

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	10-2,	195		2. DATE OF DEATH	VEAD.	3. TIME OF DEATH				
vivian	A.	Po	wine-	MONTH DA		0520 au				
4. SOCIAL SECURITY NUMBER 577-30-5553			UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH 7. (Month, pay, Year) 7. (27. 191	Cou	THPLACE (State or Foreign ntry) Tginia				
9a. FACILITY NAME (If not institution, give at	treet and number)	96	L CITY, TOWN OR LOCATION OF D		9c. COUNTY OF					
Washington Adventist Hospital Takoma Park Montgome										
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI LIMI										
Maryland Mont	gomery	Co	lumbia			1 TYES 2 NO				
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
7080 Cradler	ock Way		21045		Unit	ed States				
11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic		or No — 14. RA	CE — American Indian, ick, White, atc.				
1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1 ☐ YES 2 X NO Spec			a″ck				
15. DECEDENT'S EDUC (Specify only highest grade		16a, DECEDENT'S USI (Give kind of work	UAL OCCUPATION done during most of working streed.)	16b, KIND OF BUS	SINESS/INDUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	l .	·	D	Los a					
llth Grade		Housew		Priva						
17. FATHER'S NAME (First, Middle, Last)			2.00	AME (First, Middle, Maiden						
	Williams			tta Dutch						
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rura							
Malcolm Payne			Cradlerock							
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	other place)	ON (Name of cemetery, crematory or		CATION — City or					
4 Donation 5 Other (Specify)	N	Maryland	National Ce		urel.	Maryland				
21. SIGNATURE OF NUNEHAL SERVICE LIC	ENSEE 1		Stewart Fu	neral Hom	ie					
phon 1.	Hally	TIT	4001 Benni	ng Road,	N.E. W	ash. D.C.				
23. PARY . Enter the diseases, or o	complications that cause	d the death. Do not	enter the mode of dying, su			Approximate				
shock, or heart failure.	List only one cause on e					Onset and Death				
disease or condition	CARDIOP.	ULMONA	MY ARREST	1		de mary &				
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):				20 Minute				
	HYPOXI	2 2 H C	RPHALITIS	,		MOM OOM				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	E COROHANY PULMONA	GYPASS	GRASI	(ANOUT				
cause. Enter UNDERLYING CAUSE (Disease or Injury	STATUS PO	STATICIPP	PILL MOHA	MY EMP	OLIGN	1 2 MONTHY				
	DUE TO (OR AS	CONSEQUENCE OF):	-00106 01 80	10714 46	000000					
resulting in death) LAST	EXTENSI	VE BILL	TRIVOS CLEI SEASE AN	Davo	60-01	(10)				
PART II. Other significant condition						4b. WERE AUTOPSY FINDINGS				
PREVIOUS			N ARY AM			AVAILABLE PRIOR TO COMPLETION OF CAUSE				
CONGRETIVE	HEART	FALL	JUE PLENT	ZAL 1 VES	NO	OF DEATH?				
& PRITSION	, HYPOPTUT			£-		1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL	ENT INCE	CTION	- STECIOLE	MIA						
EXAMINER?	HOSPITAL:	_ 0	28. PLACE OF DEATH (C)							
1 TYES 2 NO 27. MANNER OF DEATH	1 Topationt 2 ER/Out		Nursing Home 5 Residence		IN HIEW GOODINGS					
1 Netural 5 Pending	(Month, Day, Year)	28b. TIME C	Y WORK?	28d. DESCRIBE HOW	INJURY OCCURED					
2 Accident investigation			M 1 YES 2 NO	-	=					
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	Y — At home, farm, stre scily)	et, factory, offica	261. LOCATION (Street City or Town, State)		Il Route Number,				
(Critical Critis)			at the time, data and placa, and do in my opinion, death occured at th			e(s) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIES	~~~~	wy	29c. LICENSE N	UMBER		20,90				
30. NAME AND ADDRESS OF PERSON WH	A , MAN	EATH (ITEM 27) (Type, P.	D. , 3715	RHODE	AND.	ND AVE.,				
MAY 23 90	galia Davidson	-Aandelle	1 1							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MRYLAND 21203-3146

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine	
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injury,	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	1 - SIAIE		ENT OF HEALTH AND			50 1001					
0.00	1. DECEDENT'S NAME (First, Middle, Last) ESTHER B. PACE	CERTIFICA	ATE OF DEATH	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH					
		EX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Mouth, Day, Shar) 1910 G. BIRTHPLA Country) Md. (A. B. B. B. B. B. B. B. B. B. B. B. B. B.									
DIRECTOR	Greater Laurel Beltsvill	e Hosp	Laurel	DEATH	Prin	ice George					
	Md. Prince George		Laurel 101. ZIP CODE		10g. CITIZEI	10d. INSIDE CITY LIMITS? 1 A YES 2 NO N OF WHAT COUNTRY?					
FUNERAL	7570 Arbory Lane		20	702	Ţ	J.S.A.					
ВХ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 000	13. WAS DECENDENT OF HISP If yes, specify Cuber, Mexi- 1 YES 2 NO Specify	can, Puerto Rican, etc.)	ns or No 14	Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use ret	done during most of working ired.)	16b. KIND OF BU		TRY					
OMP	12 17. FATHER'S NAME (First, Middle, Last)	Homema		IAME (First, Middle, Maide	Home						
BE C	Reese Bevan			arah Hari							
TO B	19a. INFORMANT'S NAME (Type/Print)		PRESS (Street and Number or Run			· ·					
	Nicholas F. Pace 10150 Rosemont Drive, Laurel, Md.										
į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Achael Renders	rostburg	22. NAME AND ADDRESS OF DAS MAN	FACILITY .	N.W	g, Md.					
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on e IMMEDIATE CAUSE (Final disease or condition resulting in death)	ach line. ORY CARE	ON MYOPATHY		piratory arres	t, Approximeta Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):	01SEASE								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 70 1										
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)							
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 In Impatient 2 ER/Out	patient 3 DOA 4	FHER: Nursing Home 5 Residence								
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED										
	3 Suicide 6 Could not be determined 28e. PLACE OF INJUR building, etc. (Spe	f — At home, farm, stree clly)	t, factory, office	281. LOCATION (Stree City or Town, Stat		r Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 1 EEDICAL EXAMINER: On the basis of examination										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE N	UMBER 35	29d. DATE :	SIGNED (Month, Day, Year)					
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Pril 21 PRINC	E GEORGE	STREET							

JD 21203-3146

BALTIMORE, MAR

R. Snider

Dr.

Medical Building

12 MEGISTRAR'S SIGNATURE
DOWNSON-ASMAN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		STATE OF MA			MENT OF I		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First,	Middle, Last)	May		4			2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH
	01ive	160 Is		. AGE (In yrs. les	7	YTOD FUNDER 1 YEAR	IF UNDER 24 HRS.	June 5		0 3:30 a M
	219 03 833:	3 1	□ w¥¥1 F	72	YRS.	ONTHS DAYS	HOURS MIN.	08-03-1917	9c. COUNTY	ountry) MD
POR	Sa. FACILITY NAME (If not in: Memorial Ho	ospital	and number)			Cumber]	or location of de and	АТН	Alle	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY
	MD	Allegar	лy		Cumb	perland	,			1 YES X
FUNERAL	Route 3 Box	186-Bed	lford Ro	ad			1. ZIP CODE 21502		10g. CITIZEN USA	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Widowed 4 Divo	Married	. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 N	MED IO	13. WAS DEC	ENDENT OF HISPAN ecity Cuban, Mexica NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED		EOENT'S EDUCATION And the second seco		(Gi Ille.	CEDENT'S US the kind of wor Do NOT use of EWife	SUAL OCCUPATI k done during m etired.)	ON ost of working	16b. KINO OF BUS		RY
E COM	WEITEEL NAME (First W.	ISe asi)					18. MOTHER'S NA ROSE Cage	ME (First, Middle, Maiden	Surname)	
TO BE	Mr. William	B. McCa	rthy	Rou	te 3 I	BOX 186	and Number or Aural	Route Number, City or Town	n, State, Zip Cod 502	9)
	METHOD OF DISPOSITION 1 M Burlal 2 Cremation 4 Donation 5 Dotter	on 3 🗆 Removal	from State	206. PLACE Sunset	of disposition of the months o	cial Pa		Cumbe	cation — city erland,	
	21. SIGNATURE OF FUNERAL	L SERVICE LICENS	Jear	pell	í	Scarpe Cumber	Ili Fune land, MD	ral Home 21502		
	23. PART I. Inter the dishock, or himmediate Cause (Findlease or condition resulting in death)	eart fellure. List	polications that of tonly one cause	caused the de on each line	ath. Do not	anter the m	ode of dying, suc	h as cardiac or reapi	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list condition in the cause. Enter UNDERLY CAUSE (Disease or inju	diete	Down Tollo	OR AS A CONSE	OVENCE OF):	man	- in	les	ene	Imalt
ERTIF	that initiated events resulting in death) LAS		DUE TO (C	OR AS/A CONSE	QUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Concline was an AUTOPSY PERFORMED? 1 YES 2 NO 246. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO									
SICIAL	25. WAS CASE REFERRED TO EXAMINER?	¥	OSPITAL:	FR/Outpatient 3		OTHER:	LACE OF DEATH (Ch	6 Other (Specify)		
	27. MANNER OF DEATH	Pending	28a. DATE OF III (Month, Day	JURY	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 ND	28d. DESCRIBE HOW I	NJURY OCCURE	ED
TED BY	3 Suicide 6	Investigation Could not be determined	28e. PLACE OF building, e	INJURY — At he ic. (Specify)	ome, form, str	eet, fectory, offi	G.	28f, LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,
COMPLETED	anal /							to the cause(a) and ma		use(a) and manner sa stated.
O BE C	Man SIGNATORE AND TITLE	T X	en	fu'	24	unde	29c. LICENSE NU D17426	MBER	29d. DATE SI	GNED (Month, Pay, Year)
6		-4		- 26						

21502

Cumberland, MD

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death, Page 6 in The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner my

Robustiano J.

Barrera,

M.D. REGISTRAR VSIGNATURE

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH			3. TIME OF D	EATH
	NELLIE PAULINE	PARRISH						JUNE	3.	199	PAR	2:10	А.м
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In yrs. lest b	irthday) IF U	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	(PTH (Year)			IPLACE (State o	r Foreign
	214-07-2598 1	□ M 2 💢 F 7	4	YRS.	NS DATE	HOURS	MIN.	JUNE	1,1	916		RYLAND	
_	9a. FACILITY NAME (If not institution, give street			-		OR LOCATI		ATH			NTY OF E		
힏	KIDWELL PERSONAL	CARE HOME			CUMBE	RLAND)			AL	LEG/	NY	
2	10e. STATE 10b. COUNTY			10c. CITY, TOY	/N OR LOC	TION						10d. INSIDE C	TY
造	MARYLAND ALLEG	GANY		CUME	ERLA	ND						1 TES 2	ON D
A	104. STREET AND NUMBER					of. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY	n
BY FUNERAL DIRECTOR	ROUTE 9 - CREEK					2150)2			US	Α		
2	11, MARITAL STATUS 1: 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES			13. WAS DE	CENDENT C	OF HISPAN	IC ORIGIN? (S _I	pecify Yes i, etc.)	or No-		E — American I k, White, atc.	ndlen,
≥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		1 🗌 YE	8 2 × NO	Specify	:			Spec	WHITI	-
	15. DECEDENT'S EDUCAT	TION	16a. DECE	DENT'S USUA	L OCCUPAT	ION		16b. KIN	D OF BUS	INESS/INE	DUSTRY	MILLI	-
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	kind of work do NOT use retin	one auring r ed.)	lost of world	ng					SENIOR	
I de	11		C00	K				C	ITIZ	ENS (CENT	ER	
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle	e, Maiden	Sumeme)			
2	EDWARD B. WITT 190. INFORMANT'S NAME (Type/Print)		a service					. LOVE					
叠		ED						Route Number, C					
麗	MAXINE M. SPANGLER P.O. BOX 156 - CUMBERLAND, MD 21502 20e, METHOD OF DISPOSITION 1												
-	1 CX Burlet 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) MT. HERMAN UNIT. METH. CH. CEM. CUMBERLAND, MARYLAND												
	21. SIGNATURE OF FUNERAL SERVICE LICEN				22. NAME	AND ADDRE	SS OF FAC	CILITY					
	Stendy O. Tochuch GEORGE-UPCHURCH FUNERAL HOME, P.A 202 GREENE ST., CUMBERLAND, MD 2									2			
	23. PART I. Enter the diseases, or con	nplications that caused	the deet	th. Do not e	nter the m	ode of dy	ing, suci	h se cardisc	Dr resp	ratory ar	rest,	Approx	rimate
	shock, or heart fellure. List only one cause on each line.												
	disesse or condition resulting in death) s. Consisting want Failure 2										!		
	nesulting in death) s. Constant Max Tantul Tantul Due Todor as a consequence of:												
S	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Conjusting last Faulure 2 b. Due Todor as a conscouence of: Sequentisliy list conditions, DUE TO OR AS A CONSCOUENCE OF:												
AT	if any, leading to immediate couse. Enter UNDERLYING									_ i			
띮	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQU	IENCE OF):									
CERTIFICATION	resulting in death) LAST												
Ö	PART II. Other significant conditions	contributing to death b	ut not res	suiting in the	underly	no cause	olven in	Part i. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPS	Y FINDINGS
CAL	Programme	to AD							PERFO	RMED?	100	AVAILABLE PR	IOR TO
MEDI	100	~ ~ /	· ·		-			_ ''	YES :	M MO		OF DEATH?	□ NO
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF I	DEATH (Ch	eck only one)					•
PHYSICIAN:		HOSPITAL:	patient 3	DOA 4	HER: Nursing H	me 5 🗆 R	eeldence	8 (X Other (S)	pecify) Pe	rsona	1 Car	e Home	
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY		NJURY AT VORK?		28d. DESCRI	BE HOW	INJURY OC	CURED		
B	1 X Netural 5 Pending 2 Accident Investigation					YES 2	NO						
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	cify)	e, rerm, street	, ractory, or	ice			own, State		ir or Hunai	Route Number,	
Ē	29e. CERTIFIER . V CERTIEVING PHYSICS	Alle To the heat of my	dadaa da :	th conversed in	the Mc .			A. Ab			4.4		- 7
COMPL	ane)	AN: To the best of my know On the basis of examination										(e) end manner	as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						ENSE NUI					D (Month, Day, Y	
BE	1/xmel						14865			•	6-	4-9	0
12	30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												

- Memorial Hospital Medical Building-Cumberland, MD

Approximate Interval Between Onset and Death

Months

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

3. TIME OF DEATN

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILEO (Month, Day, Year)

24'90

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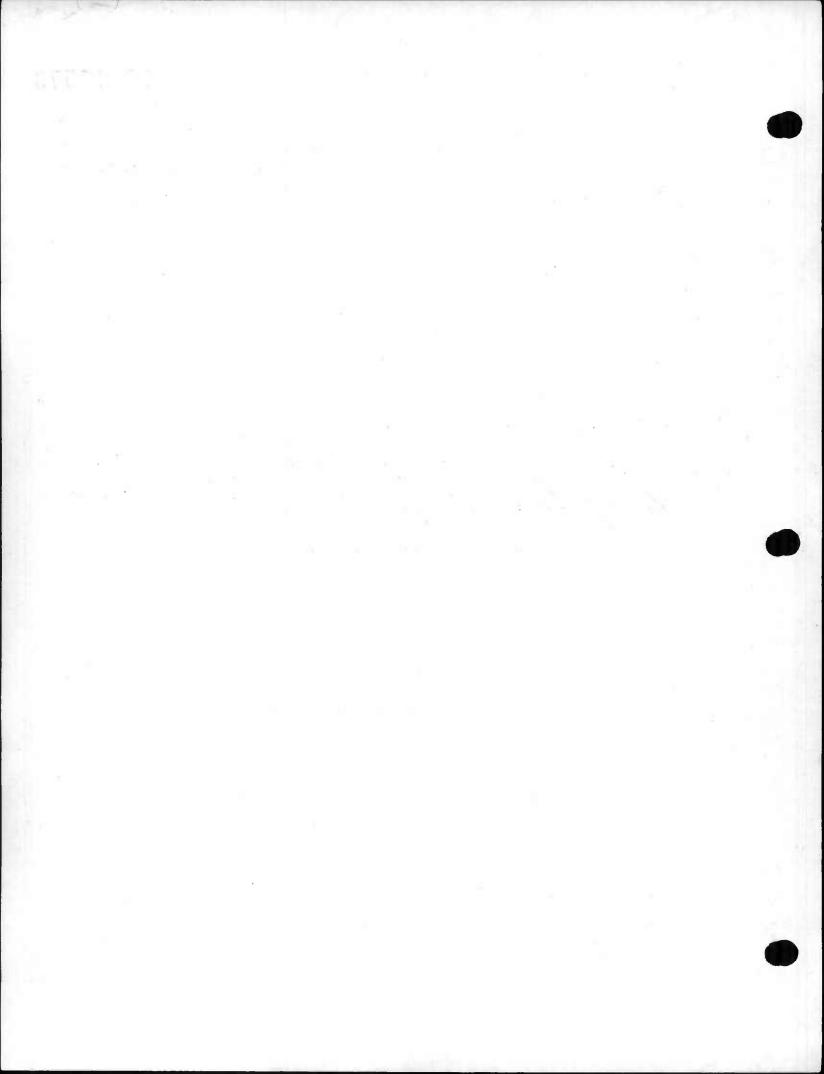
	į	1. DECEDENT'S NAME (First	, Middle, Last)	Lucy R.	Pen	nyar	1					2. DATE OF	1,19	9o	YEAR	3. TIME 0	
		4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. lasi	birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTN		8. BIRTI	NPLACE (Str	te or Foreign
	4	578-25-3141		1 🗆 M 2 🔏 F	76		YRS.	MONTHS	DAYS	HOURS	MIN.	June	20,19	913	Some	m) erset	Pa
		9e. FACILITY NAME (If not in		treet end number)				9b. CIT	r, TOWN	OR LOCAT	ION OF DI		20,1		INTY OF C		,
8	5	4208 Brinkl	ey Rd.					Temp	ole	Hill:	S			Pr	ince	Geor	ge's
E	3	RESIDENCE OF DEC	10b, COUNTY	,			10c C17	Y. TOWN	OB LOCA	TION						10d. INSI	DE CITY
DIBECTOR		Maryland		ce George	e's			nple								LIMIT	
		10e. STREET AND NUMBER						ърдо	_	of. ZIP COD	Œ			10g. CI	IZEN OF	WHAT COUR	
0		4208 Brink	ley Ro	l .						20748	8			U	SA		
DV CINICDAI	- 11	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X N		13.	If yes, s		sn, Mexico	NIC ORIGIN? on, Puerto Ric y:		or No	Spec	E — Americ ik, White, et ite	an Indian, c.
Cu	3		EDENT'S EDU				CEOENT'S			ION lost of work	ina	16b. F	IND OF BUS	SINESS/IN			
		Elementary/Secondary (College (1-4 or 5	+}	lite	Do NOT u	se retired.)	Gunning III	1001 07 110111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Idition	E .	3rd				Hot	sewi	lfe					t hor				
	- 11	17. FATNER'S NAME (FIRST, M. Dominick A		o i								ME (First, Mic		Surname)			
		194. INFORMANT'S NAME (ICTO		191	MAILING	ADDRES	S (Street			a Fema		n State 7	in Code)		
F	2	Oscar L. Pe				100	same							, , , , , ,			
		20a. METHOD OF DISPOSIT	TON		200		OF DISPO			emetery, cre	matory or		20c, LO	CATION -	- City or T	own, Stata	
		1 Buriel 2 X Crematic 4 Donation 5 Other	(Specify)		_]. :			litar	ı Cr	emate	ory		Alex	xand:	ria.	Va.	
		21. SIGNATURE OF ONERA	AL SERVICE LIC	CENSER	1		1					ICILITY GE					
	;	· Der	you	F. Kai	lar	-	h	1 6	5160	Oxo	n Hil	11 Rd.	Oxor	n Hil	11, 1	Md. 20	0745
		23. PART I. Enter the	liseases, or	complications th	et ceused	the de	n. Do	not ente	r the m	ode of d	ying, suc	ch ea cardie	c or reap	Iratory a	rrest,		proximate erval Betwe
		IMMEDIATE CAUSE (FI		and only one or		-	3										set and Dec
		disease or condition resulting in death)	→	Metast					the	rect	um					_ 1	Months
				DUE TO	O (OR AS A	CONSE	DUENCE C	OF):									
CENTICIOATION		Sequentially list condit		b. DUE TO	O (OR AS A	CONSE	DUENCE C	OF):								1	
FAC	3	If any, leading to imme cause. Enter UNDERLY	ING	C													
71212		CAUSE (Disease or Injuthat Initiated events		OUE TO	O (OR AS	CONSE	DUENCE C	OF):									
	E	reaulting in death) LAS	ST	d													
		PART II. Other algnific	ent condition	na contributing t	o deeth b	out not r	eaulting	In the u	nderiyi	ng ceuse	given in	Part I.	4a. WAS AN		24		TOPSY FINDING
401	MEDICAL											_ 1	PERFOI		- 1		E PRIOR TO ION OF CAUSE 17
100	N K													11			2 - NO
	18																
	3	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:				ОТНЕ		PLACE OF	DEATH (C	heck only one,					
2	PHYSICIAN	1 YES 2 X NO		1 Dinpatient 2		patient 3	DOA 28b. TII		1	NJURY AT	Residence	8 Other	(Specify)	IN HISV O	CCUBED		·
		The same of the sa	Pending		Day, Year)		IN IN	JURY	٧	VORK?	□ NO	200.000	MUL NOW	incom o	COONED		
2	ובח פא	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY g, atc. (Spe	f At he	ome, farm,	street, fa					TION (Street Town, State		er or Rural	Route Numb	per;
1 101	COMPLET	one)		ICIAN: To the best												(-)	
0	3				- Committee	ni enuroi	- Troutigat	ion, in my	ориноп,				ina piece, ei				
L	H H	296. SIGNATURE AND TITL	E OF CERTIFIE	H	٦						CENSE NU D—185				5/22/	D (Month, D	my, Year)
O 10 OF	2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETEO CA	USE OF DE	EATH (ITE	M 27) (7yo	e, Print)		1	- 10.	, 13			11 441	70	
		Dr. Phil							0x	on Hi	11,	Md. 2	0745				
1	12																

32. REGISTRAR'S SIGNATURE Life Tavidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in the billed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENTS NAME (First, Mickin, Lasi) MARGARET GRAVENOR PILCHARD SOCIAL SECURITY NUMBER 5. SEX 5. ADE (fin yrs. last brindley) 50. CATE OF BIFTH COUNTY NUMBER 5. SEX 5. ADE (fin yrs. last brindley) 50. CATE OF BIFTH COUNTY NUMBER 50. SEX 50. ADE (fin yrs. last brindley) 50. CATE OF BIFTH COUNTY NUMBER 50. SEX 50. ADE (fin yrs. last brindley) 50. CATE OF BIFTH COUNTY NUMBER 50. ADE (fin yrs. last brindley) 50. CATE OF BIFTH COUNTY NUMBER 50. ADE (fin yrs. last brindley) 50. CATE OF BIFTH COUNTY NUMBER 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR BANK OWN OR LOCATION 50. CATE OF BIFTH COUNTY OWN OR LOCATION OR BANK OWN OR LOCATION 50.
MARGARET GRAVENOR PILCHARD SOCIAL SECURITY NUMBER 5. SEX 1. M 2 NF 6. AGE (in yrx. list birthapy) = UNDORS 1 YEAR F. UNDORS 24 MBS. T. AGE OF BURNEY MAY 16, 1990 MARYLAND MAY 16, 1990 MARYLAND MAY 19, 1923 MARYLAND MARYLA
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SALISBURY SALI
SALISBURY SALISBURY WICOMICO SALISBURY 106. CUTY, TOWN OR LOCATION SALISBURY 107. COUNTY 108. COUNTY 109. CUTY TOWN OR LOCATION SALISBURY 109. CUTY LIMITS? 109. CUTY LIMITS? 109. CUTY LIMITS? 109. CUTY TOWN OR LOCATION SALISBURY 109. CUTY OF WART COUNTRY? 110 DIAMOND AVENUE 110 DIAMOND AVENUE 110 DIAMOND AVENUE 110 DIAMOND AVENUE 12 WAS DECEDENT EVER IN U.S. ARMEO 12 WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT OF HEPANIC ORIGINT? (Specify Vee or No— 14. RACE — American Indian, 15. WAS DECEDENT OF HEPANIC ORIGINT? (Specify Vee or No— 15. OCCEDENT'S EQUATION (Specify city) highest grade completed) 15. OCCEDENT'S EQUATION (Specify) city highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify) city highest grade completed) 17. WAS DECEDENT'S USUAL OCCUPATION (Specify) city highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Specify) city highest grade completed) 18. MATCHEN MANAGER V.F.W. FATHER'S NAME (First, Micidia, Maiden Summen) MERRILL UNK GRAVENOR WHITE 18. MOTHER'S NAME (First, Micidia, Maiden Summen) WERTILL UNK BRINSFIELD 19. MAILING ADDRESS (Street and Number or First Proces Number, City or Town, State, 2p Code) 110 DIAMOND AVENUE, SALISBURY, MD 21801 200. PLACE or of SPOSITION (Number of commenter), commentory or complete complet
SIDENCE OF DECEDENT a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION SALISBURY 10c. CITY, TOWN OR LOCATION SALISBURY 10d. INSIDE CITY 11d. PISTOR 11d. P
ARYLAND WICONICO SALISBURY 1
110 DIAMOND AVENUE 110 DIAMOND AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 VES 2 VO IT YES 2 VO Specify: WHITE 16. DECEDENT'S EDUCATION (Specify only highbest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) NO KITCHEN MANAGER V. F. W. FATHER'S NAME (First, Middle, Last) MERRILL UNK GRAVENOR MYRTLE UNK BRINSFIELD 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LISA WRIGHT-DAUGHTER 10 DIAMOND AVENUE, SALISBURY, MD 2 180 1 20b. PLACE OF DISPOSITION (Name of ceremetry, cremetory or GALESTOWN UNITED METH. CEM. GALESTOWN UNITED METH. CEM. GALESTOWN, MD 2180 1 Approximate interval Between Onset and Darkt Approximate interval Between Onset and Darkt MMEDIATE CAUSE (Final Insert the disease, or complications that cause it the death, Do not anter the mode of dying, such as cerdiac or reepiratory erreat, interval Between Onset and Darkt Approximate interval Between Onset and Darkt MMEDIATE CAUSE (Final Insert) Besides, white, and the part of the complete
110 DIAMOND AVENUE 2 180 1
MARITAL STATUS Married 12. WAS DECEDENT EVER IN U.S. ARMEO PORCES? 1 VES 2 XVO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifty Yes or No— PORCES? 1 VES 2 XVO 1
Type Milling
15. OECEDENT'S EDUCATION Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF
Continue Continue
Teacher State St
MERRILL UNK GRAVENOR MYRTLE UNK BRINSFIELD 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) LISA WRIGHT-DAUGHTER 110 DIAMOND AVENUE, SALISBURY, MD 21801 20c. METHOD OF DISPOSITION 5/19/90 MERRILL STOWN UNITED METH. CEM. GALESTOWN, MD 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801 3. PART L. Enter the diseases, or complications that can at the death. Do not anter the mode of dying, such as cerdiac or reepiratory erreat, onset and Dasth MMEDIATE CAUSE (Final lisease or condition assumed to the control of the co
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) LISA WRIGHT-DAUGHTER 110 DIAMOND AVENUE, SALISBURY, MD 21801 120. METHOD OF DISPOSITION 5/19/90 3 Burlet 2 Cremetion 3 Removed from State 120. Department of commeter, cremetory or other (Specify) GALESTOWN UNITED METH. CEM. 122. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801 3. PLAT I. Enter the diseases, or complications that can be the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, interval Between Onset and Death MMEDIATE CAUSE (Final lines.) 124 CAUSE (Final lines.) 125 CAUSE (Final lines.) 126 CAUSE (Final lines.) 127 CAUSE (Final lines.) 128 CAUSE (Final lines.) 129 CAUSE (Final lines.) 139 CAUSE (Final lines.) 140 DIAMOND AVENUE, SALISBURY, MD 21801 150 CAUSE (Final lines.) 150 CAUSE (Final lines.) 150 CAUSE (Final lines.) 150 CAUSE (Final lines.) 150 CAUSE (Final lines.) 150 CAUSE (Final lines.)
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LISA WRIGHT-DAUGHTER 110 DIAMOND AVENUE, SALISBURY, MD 21801 20c. LOCATION — City or Town, State Connection 3 — Removal from State College (Specify) Donation 5 — Other (Specify) Connection 6 — Other (Specify) Connection 7 — Other (Specify) Connectio
20b. PLACE OF DISPOSITION 5/19/90 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION — City or Town, State CALESTOWN UNITED METH. CEM. CALESTOWN, MD 22c. LOCATION — City or Town, State CALESTOWN, MD CALESTOWN, MD 22c. LOCATION — City or Town, State CALESTOWN, MD 22c. LOCATION — Cit
Survey Comment Survey Control Survey Calestown Cales
22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801 3. PART I. Enter the diseases, or complications that can be the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart failure. List only one cause seach line. MMEDIATE CAUSE (Final liseases or condition as Chronic Obstructive pulmanay dispuse the seath line of the condition as Chronic Obstructive pulmanay dispuse the condition as Chronic Obstructive pulmanay dispuse the condition as Chronic Obstructive pulmanay dispuse the condition as Chronic Obstructive pulmanay dispuse the condition of th
HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801 3. P. D. L. Enter the diseases, or complications that can be the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart failure. List only one cause of each line. MMEDIATE CAUSE (Final lisease or condition as circular disease or condition as circular disease or condition as circular disease.
Approximate shock, or heart failure. List only one course each line. MMEDIATE CAUSE (Final liseese or condition esuiting in death) a. Chronic obstructive pulmonary dispase a. Chronic obstructive pulmonary dispase 4 Course
shock, or heart failure. List only one could each line. Interval Between Onset and Daath Illesees or condition a. Chronic Obstructive pulmonary dispase 4 Cars
esulting in death) - a. Chronic obstructive pulmonary disease years
a. Chronic Obstructive pulmoyary dispose years
equentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):
ause. Enter UNDERLYING
that Initiated events OUE TO (OR AS A CONSEQUENCE OF): seculting in deeth) LAST
d.
ART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? ARIABLE PRIOR TO
1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
1 YES 2 NO
8. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
1 Ures 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF DEATH 284. DATE OF INJURY 265. TIME OF 28c, INJURY AT 266. DESCRIBE HOW INJURY OCCURED
Netural 5 Pending (Month, Dey, Year) INJURY WORK?
2 Accident Investigation 3 Suicide 20s. PLACE OF INJURY — At home, farm, street, factory, office 2st. LOCATION (Street and Number or Bural Boute Number,
building, stc. (Specify) City or Town, State)
De. CERTIFIER (Check only) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
Do. SIGNATURE 7NO TITLE OF CENTIFIED (Morgin, Day, Year)
Charles 5 linger Physican 030853 > 5/17/90
D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Charles B. S. Ivia Tr. Mas new 0 Riverside arive Salisbury MD 2(80)

3. TIME OF OEATH

8AM

6. BIRTHPLACE (State or Foreign Country)

Pennsylvania

YEAR 90

2. DATE OF OEATH
MONTH DAY
5 23

7. DATE OF BIRTH (Month, Day, Year)

6/18/09

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

80

YRS

1 🗆 M 2 🛣 F

4. SOCIAL SECURITY NUMBER

178 07 0431

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF OR	EATH	9c. COUNTY OF	FOEATH
OR	Frederick Villa	Nursing Center		Catonsville		Balt:	imore
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	ITY	10c CITY	, TOWN OR LOCATION			10d, INSIDE CITY
DIRECTOR	Maryland Bal	Ltimore		atonsville			1 YES 2 NO
FUNERAL	7913 Main Falls	Circle		101. ZIP CODE 21228		U.S.	A .
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 WNO Specify	n, Puerto Rican, etc.)	Bi	ACE — American Indian, leck, White, atc. pecify: White
LETED	15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	USUAL OCCUPATION rork done during most of working e retired.) Secretary	166. KIND OF BUSIN	iess/industro	1
COMPLET	12th 17. FATHER'S NAME (First, Middle, Last) John Piovarchy		Medical	18. MOTHER'S NA	ME (First, Middle, Maiden Su tte Karkoci	rmame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs Martha Strade	er (sister)		ADDRESS (Street and Number or Rural lain Falls Circle	Route Number, City or Yown,	State, Zip Code)	
	20a. METHOO OF DISPOSITION Burlel 2 Cremetton 3 Re	20h I		ITION (Name of cametery, crematory or		TION — City or	
	4 Oonstion 5 Other (Specify)	Sy	ylvian H	eights Cemetery		ontown	Penna.
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS OF FA Harry H Witzke 4112 Old Colu	e Funeral He		
	23. PART i. Enter the eleeases, o shock, or heart failure immediate Cause (Final disease or condition resulting in death)	e. List only one cause on eac	EUN	novia	h as cardiac or respira	itory arrest,	Approximate Interval Betwood Onset and D
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A C					
MEDICAL C	PART II. Other significant conditi	ons contributing to death bu	t not resulting i	n the underlying cause given in	Part i, 24a. WAS AN AI PERFORM	ED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	-CVA						1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)		
HYSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpat		4 @ Nursing Home 5 - Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF URY WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW IN.	JURY OCCURED	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY - building, atc. (Specifi	— At home, farm, s	street, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Ru	ral Route Number,
COMPLETED	Court I was			od at the time, date and place, and due on, in my opinion, death occured at the			se(a) and manner as stat
TO BE C	SON SIGNATURE AND TITLE OF COURT	20, m.	0.	29c, LICENSE NU	MBER 28	29d. OATE SIGN	123/90
	30. NAME AND ACCOURS OF PERSON OF	AYOSO, MI	B. 54	fill ola Fred	derick 1	Zosa	BALO.
1	THE RESERVE THE PROPERTY AND PARTY.	32. REGISTRAR'S SIGNA	LOHE				04
Ì	MAY 2 \$ 90	Julia Tavidson	Rands po				

nours after death. Page 6 may be retained by the ho

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

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Treving of old Manning Trends in a state of the control of the con

l examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in de la la company, page 3 siround de detached for use as the dunar-transit permit. Pages 1, 2, 3 siround [a].	10 THE FUNERAL UNECTUR: After mis certificate has been signed by the attention physician and compressly lined in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
restrictions has been strined by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE CINEBAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by
ar death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,
	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last) LENA	MARY	6) WEEN		2. DATE OF DEAT MONTH JUNE	H DAY YE	AR	9:07 AM
	4. SOCIAL SECURITY NUMBER 219-16-0906 90. FACILITY NAME (If not institution, give s	1 🗆 M 2 🕅 F	yrs. lest birthday) 8 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Yes	ir)	Country) H	FE (State or Foreign ARY LAND
DIRECTOR	MERIDIAN N	ursing H		LA	PLAT	14		IAR	
	10e. STATE 10b. COUNT MARYLAN > CA 10e. STREET AND NUMBER	HARLES			ION WHEA	4	10g. CITIZEN	1X	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	105 THOMPS 6	N IANE	II O ADMED		2-0 G	10	(1.5	
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	2 NO Specify	n, Puerto Rican, ato	(4)	Black, Whi	BLACIC
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7TH GRADE	College (1-4 or 5+) NONE	18a. DECEDENT'S (Give kind of w We. Do NOT use DOME ST	ork done during mo e retired.)			F BUSINESS/INDUST	RY	
BE COM	17. FATHER'S NAME (First, Middle, Leel) LICHARD E	PROCtoR				ME (First, Middle, Mid			
10	190. INFORMANT'S NAME (Type/Print) GLADYS SIMMONS		#105 T	HOMPSON	LANE IND	IAN HEAD	or Town, State, Zip Coop, MARYLA	AND	20640
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Ren 4 Donation 5 Other (Specify)	noval from State S	PLACE OF DISPOS PARTICIPATE OF THE PROPERTY O	ES CEME	TERY		c. location — chy GLYMONT,	MARY	LAND
	21. SIGNATURE OF FUNERAL SERVICE LI LIDIA C. THO	RNTON JOHNSON	SIN		NTON'S FU		OME, POMO	ONKEY	, MARYLANI
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as			- 0	h aa cardiac or i	reapiratory arrest	,	Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF						
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditio	na contributing to death bu	ut not reaulting i	n tha undariyin	g cause given in	PE	AS AN AUTOPSY ERFORMED?	AVA CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			04.0	AGE OF BEATU MA				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	etlant 2 🗆 DOA	OTHER:	LACE OF DEATH (Ch				
	27, MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DRK?		HOW INJURY OCCUP	NED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY	— At home, farm, a	street, factory, offic	•	28t, LOCATION (S City or Town,	Street and Number or State)	Rural Route	Number,
COMPLET	(Orack Oray	SICIAN: To the best of my knowlets: On the basis of examination						ause(a) and	d manner ee stated,
B	29b. SIGNATURE AND TITLE OF CERTIFIE	a Jealter	+ , me	מ	D 2103	31	> b	11/9	nth, Day, Yeer)
10	30. NAME AND ADDRESS OF PERSON W	LEATHER WO	OD MO	Print) RT	sol S. Bo	× 8+9	Walderf,	M)	2060
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGNA		2					

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1	St. E	J
		Pages

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit perm be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	CALE OF	DEATH	REG. NO.		
	1. OECEDENT'S NAME (First, F' 'die, Last)				2. DATE OF OEATH MONTH DA	Y YEA	3. TIME OF DEATH
- 1	JAMES CARROLL QUEEN, SR.				5 - 20	7-1991	14 73 AM W
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	577-34-9407 1XM2 F 63	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		aryland
	577-34-9407 1 M 2 F 63		9b. CITY THE	OR LOCATION OF DE	14	926 M	
Œ	Golden Oaks Nursing Home		Laurel				The Control of the Co
5	RESIDENCE OF DECEDENT		Laurer	,		Prince	George's
E I	10s. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
5	Maryland Prince George's	Hvat	tsville				LIMITS?
-	10e. STREET AND NUMBER	1-500		1. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
P.	5005 Edmonston Road			20781			
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	I C ADMED	42 1/10 05/		IC ORIGIN? (Specify Yes	U.S.A.	105
	1 Never Married 2 XMarried FORCES? 1 YES	2 2NO	If yes, sp	ecify Cuban, Maxica	n, Puerto Rican, etc.)	or No 14. R	ACE — American Indian, llack, White, atc.
BY	3 Widowed 4 Olivorced IF YES, GIVE WAR OR OAT	E\$	1 TYES	2 XNO Specify	1	S	pecify:
	15. DECEDENT'S EQUICATION	6a. OECEDENT'S U	ISUAL OCCUPATI	ON	16b, KIND OF BUS	INESS (NIDUSTR	White
COMPLETED	(Specify only highest grade completed)		ork done during me		100. KIND OF BUS	NINESS/INDUSTR	
2	Elemantery/Secondary (0-12) College (1-4 or 5+) 9th Grade						
X		Brick L	ayer -		Constru		
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		
R	Clarence Queen		'	Katie			
6	19a. INFORMANT'S NAME (Type/Print)				Toute Number, City or Town		
- 1	Mary Frances Queen [wife]	5005 E	dmonsto	n Road, H	lyattsville	e, Md.	20781
- 1	20s. METHOO OF DISPOSITION 20b. F	LACE OF DISPOSI	TION (Name of ce	Lst Cemet	200 10	CONSTILL	Town, State BVT AND
	4 Donation 5 (if Other floodly)	esville				sville	, Maryland
	21. SIGNATURE OF FUHERAL SERVICE LIPENSEE		22. NAME A	NO AODRESS OF FA	s Sons Fur	4 77	
	- But M Surface		ranc:	is Gascn	s Sons Fur	neral H	ome, P.A.
	/ pace 10 1 30 000						e, Md. 20781
	23. PART I. Entar the diseases, or complications that caused to shock, or heart fallure. List only one cause on each	he daath. Do no h iina.	ot anter the mo	oda of dylng, auci	n aa cardiac or respi	ratory arrest,	Approximata Interval Batween
- 1	IMMEDIATE CAUSE (Final						Onset and Death
	disesse or condition a. Corone	ary art	eru ()ISTESTE	>		
į	DUE TO (OR AS A C	ONSEQUENCE OF	. 0				
z	disease or condition resulting in death) a. DUE TO (OR AS A Conditions)	hue 1	Locat	Falland	2_		
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate	ONSEQUENCE OF	1:	1 (() 0 /			
3 1	cause. Enter UNDERLYING						
Ĕ	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A C	ONSEQUENCE OF)):				
=	resulting in death) LAST						
빙	0						
불	PART II. Other aignificant conditions contributing to death but				Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL	Thy nev lension / 5/41	15 Acst	Mo	galia	1 YES 2	122	COMPLETION DF CAUSE DF DEATH?
	Infarcial/tisley of	Carolin	un ore l	a Can	A L		1 YES 2 NO
2	1		V 3 X (0 / 5	9 Gree			
A	25. WAS CASE REFERRED TO MEDICAL		26 P	LACE OF OEATH (Chi	ack ante anni		
PHYSICIAN: M	EXAMINER? 1 YES 2 HNO 1 Input lent 2 ER/Output		OTHER:				
148	1 YES 2 TNO 1 Inpetient 2 ER/Outpet 27. MANNER OF DEATH 28s. OATE OF INJURY			ne 5 🗆 Residence			
	1 Natural 5 Pending (Month, Day, Year)	28b, TIME INJU	JRY W	JURY AT ORK?	28d. DESCRIBE HOW I	NJUNY OCCURE	,
BY	2 Accident Investigation			YES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY – building, etc. (Specify	- At home, farm, at	reet, factory, offic	00	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED	4 Homicide determined						
2	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowled	ige, death occurred	s at the time, date	and place, and due	to the cause(s) and mar	ner as stated.	
Š	one) 2 MEDICAL EXAMINER: On the besis of examination :						se(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF BERTIFIER						
H	The state of the s			29c. LICENSE NUN	IBER	29d. DATE SIG	NED (Month, Day, Year)
2	Il Jugues			1115	750	- 5/	29/10
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,		1 1	-0 2-	2010	
	14333 Laure/ Cente	# # 5	0/	Laurel,	70 20	101	
	31. DATE-FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT	URE					
	MM 0 1 '90 Suha Davidson-Tr	andell					
							City City City City City City City City

3. TIME OF DEATH 045

B. BIRTHPLACE (State or Foreign

Pennsylvania

REG. NO.

7. DATE OF BIRTH (Month, Day, Year) Sept.25,1921

2. OATE OF OEATH

DUH

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

177-16-6208

DECEDENT'S NAME (First, Middle, Last)

1

AND 21203-3146

Ď	N.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed
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T	tha
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-	9
2	ENDIN
22	AT
\leq	DR.
_	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
	144

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2343 Marsh Pike 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married Specify: white ВҮ \$☐ Widowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade col during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) detached 8 0 machinist truck mfg. 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Surname) Emanuel W. Rice notified at Minnie A. Spicker BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Iva Jane Rice 2343 Marsh Pike, Hagerstown, Md. 21740 20s. METHOD OF DISPOSITION
12C Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or must Cedar ["]Lawn Memorial Park Hagerstown, Md. direct examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MINNICH FUNERAL HOME 2 COM un E. Wilson Blvd., Hagerstown, 21740 Md. the or removal medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, filled in by Approximate shock, or heert feilure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel the cremation. disease or condition Lev It- 16 Trrona welks completely lerd DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, burial, traumatic CERTIFICATION and Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): attending physician a intal Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initietad evants resulting in death) LAST een signed by the atter of Health and Mental 23 shows any Injury, MEDICAL PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VES 2 NO 28. PLACE OF OEATH (Check only one) Item h the State L OTHER: Unpetlant 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCUREO this c marked, 1 | Natural 5 Pending 1 YES 24 NO After the BY 2 Accident 28s. PLACE OF INJURY At home, farm, atreet, factory, office reet and Number or Rural Route Number 80 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after Item 28 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIE BE 표 JUM D11266 0 23 2 30, NAME AND ADDRESS OF WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) MARKETOWN WI REES Thou 31. DATE FILED (Month, Day, Year) 32. ABBISTRARISSIGNATURE
GUNA Day doon-Randell JUN 04 OHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

Lewis Allen RICE, Sr.

68

6. AGE (In yrs. last birthday)

5 SEY

1 M 2 F

and for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be defined to the TOTHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 to the befined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT (CERTIFICATE		MENTAL HYGIENE REG. NO.
1	I. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY
	Stephen Er	ranklin	Podmilos	C	Month Day

	REGISTRAR			<u> </u>	OAIL	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH
	Ctophon E	lea e e le 1 d		D = J			MONTH	DA		YEAR	
	Stephen F				iles,	Sr.		31.	199		1 a m "
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs.	last birthday)	IF UNDER 1 YE		7. DATE OF			8. BIRTH	PLACE (State or Foreign
	218-12-6669	1√2 M 2 □ F	0.0	YRS.	MONTHS DA	YS HOURS MIN.		Day, Year)		Country	"
			80					1.9 - 0.9		_Ma	ryland
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	WN OR LOCATION OF	EATH		9c. COU	NTY OF D	EATH
Œ	937 Reege Road				Sever	77			71	7	
일	RESIDENCE OF DECEDENT				pever	11			AL	me A	rundel
DIRECTOR	10a, STATE 10b, COUNT	v		10c CIT	Y, TOWN OR L	CATION					10d. INSIDE CITY
2	- CONTROL - 1 200 0000			100.011	1, 101111 011 2	Janion					LIMITS?
0	Maryland Anne	Arundel		8	evern						1 TES 2 NO
Ļ	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	IZEN OF W	VHAT COUNTRY?
2	937 Reece Road					24444					
FUNERAL	937 Reece Road					21144			U	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	DECENDENT OF HISP	NIC ORIGIN?	(Specify Yea	or No-	14. RACE	E — American Indian, c, White, etc.
	1 Never Married 2 Married	FORCES? 1X	P OP DATES	NO		t, specify Cuban, Mexi- YES 2 X NO Spec		en, etc.)		Speci	
BY	3 Widowed 4 Divorced	IF TES, GIVE THE	n on Dales		1 ''	TES 2 M NO Spec	uy.			Speci	". White
	 	1									WILLCE
ш	15. DECEDENT'S EDL (Specify only highest grade	JCATION e completed)	16a.	(Give kind of	USUAL OCCU	PATION g most of working	18b. F	UND OF BUS	INESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u	se retired.)		ŀ				
7	9			Mainte	nanco	Superviso	r Co	s zo zerom	ont		
Σ			1 4	au IIICE	"IUI ICC						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mic	ddle, Maiden	Sumame)		
	Harry R. Redmi	iles				Laur	a Adam	IS			
BE	19a. INFORMANT'S NAME (Type/Print)			105 MAIL INC	ADDRESS (St	eet and Number or Run			State 7k	n Code)	
임										0000)	
-	Marie H. Redmile	es		937 R	eece F	oad Seve	rn, MD	2114	4		
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren		20b. PLA	CE OF DISPO	SITION (Name	of cemetery, crematory of		20c. LO	CATION -	City or To	wn, State
	1 Buriel 2 X Cremetion 3 Ren	noval from State	othe	r place)	1 0	- h-1 C					1.00
	4 Donetion 5 Other (Specify)			our LOI		<u>ation Ser</u>		Ham	pste	ad,	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	,		E AND ADDRESS OF			D 0		405)
	D Brian	L. Has	1/17			ight Fune					
					Sy	kesville,	MD 21	784	(301) - 79	5-1400
	23. PART I. Entar tha diseases, or	complications that	caused tha	daath. Do	not antar the	moda of dying, su	ch as cardia	c or respi	ratory an	rest,	Approximata
	shock, or heart failure.	List only ona caus	e on aach l	lina.							Interval Between
1	IMMEDIATE CAUSE (Final	_									Onset and Daath
					0						
	disease or condition	. RESP	IRAT	pry	F	AILURE					10.1
	disease or condition resulting in death)	a. RESP	IRAT	PO PM	F	AILURE					
	disease or condition resulting in death)	a. RESP	OR AS A CON	ISEOUENCE O	F):	AILNR					
N	disease or condition resulting in death)	a. RESP DUE TO (1)	OR AS A CON	ISEQUENCE O	FI: ANC	AILURE					
NOI	Sequantially list conditions,			ISEQUENCE O		AILURE					
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING					AILURE					
ICATION	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CON	SEOUENCE O	F):	AILURI					
TIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON		F):	AILURI					
ERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CON	SEOUENCE O	F):	AILURI					
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (d	OR AS A CON	ISEQUENCE O	F): F):						
	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (d	OR AS A CON	ISEQUENCE O	F): F):			24a. WAS AN		246). WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (d	OR AS A CON	ISEQUENCE O	F): F):		n Part I.	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (d	OR AS A CON	ISEQUENCE O	F): F):		n Part I.		MED?	24b	AVAILABLE PRIOR TO
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DHMH-16 Rev 1/89

SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit.	OF HIGH MINISTER SERVICES AND ASSESSMENT OF THE SERVICES AND A
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR; After this of	ALERO MARKET, IN 18 98 In

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Hazal T Pohir	agon.		MONTH DAY	YEAR 7 - OO M			
	Hazel J. Robin		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	90 7:00 arn M			
	214-18-0903 1 D M 2 SxF	91 YRS. M	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 02 26 1899	Country) MD			
	9a. FACILITY NAME (If not institution, give street end number)	9	b. CITY, TOWN OR LOCATION OF DE		OUNTY OF DEATH			
DIRECTOR	310 Taylor Ave. Annapolis Anne Arus							
#	10a. STATE 10b. COUNTY		TOWN OR LOCATION	· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS?			
	MD. Anne Aruno	lel A	nnapolis		XXYES 2 ☐ NO			
FUNERAL	310 Taylor Ave.		21401	log.	U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried XX Widowed 4 Divorced	YES 2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 24 NO Specify	n, Puerto Ricen, etc.)	- 14. RACE — American Indien, Black, White, etc. Specify: White			
ED E	15. DECEDENT'S EDUCATION	16e. DECEDENT'S US	NIAL OCCUPATION	16b. KIND OF BUSINESS.				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wor	k done during most of working	Hospit				
COMPLET	8	Occupat	ional Therapi		-			
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surnam	(4)			
BE	David Harman Jo	nes		Grace Weede	n			
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street end Number or Rural I	Route Number, City or Town, State,	Zip Code)			
-	Donald K. Robinson		Taylor Ave.					
	20a. METHOD OF DISPOSITION TENDER 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other piecel	ION (Name of cometery, crematory or Market Cemet		I — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2. 11011	22. NAME AND ADDRESS OF FA		arket Mu.			
	> of exect of I Shower 9		700 Locust		UNERAL HOME dge_Md.21613			
	23. PART I. Enter the diseases, or complications they'de shock, or heart fellure. List only one cause	fused the deeth. Do not	enter the mode of dying, auc	h as cardisc or respiratory	arreat, Approximate			
	IMMEDIATE CAUSE (Final	on each line.	4		Interval Between Onset and Death			
	disease or condition a. Kos	, ratory	arrest					
	DUE TO COP	AS A CONSEQUENCE OF						
Į N	If any, leeding to immediate	AS A CONSEQUENCE OF):						
S	CAUSE (Disease or injury	R AS A CONSEQUENCE OF):						
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):						
	PART II. Other algnificent conditions contributing to de	ath but not regulated in	the undedules seuse alves in	Part I. 24s, WAS AN AUTOR	ON GAL WEST ALTONOM STANIAGO			
EDICAL		ndia lis		PERFORMED	AVAILABLE PRIOR TO			
		100000		1 D YES 2 NO	OF DEATH?			
2				— "	1 TES 2 NO			
NA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF GEATH (Ch	eck only one)				
Sic	EXAMINER?		OTHER:	6 Other (Specify)				
PHYSICIAN	27. MANNER OF GEATH 28e. DATE OF INJ (Month, Day, 1)		Y WORK?	28d. DESCRIBE HOW INJURY	OCCUREO			
ВУ	Accident investigation 28e, PLACE OF IN	NJURY — At home, farm, str	M 1 YES 2 NO	28t. LOCATION (Street and Nur	mher or Rural Route Number			
		(Specify)	out, radiony, divide	City or Town, State)	Trum or Flores Flores Trumper			
	3 Suicide 6 Could not be 4 Homicide determined							
IPLETE	4 Homicide Could not be building, etc. 4 Certifier Certifying Physician: To the best of my	knowledge, death occurred						
COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of exam	knowledge, death occurred						
BE COMPLETED	4 Homicide Could not be building, etc. 4 Certifier Certifying Physician: To the best of my	knowledge, death occurred		time, date end place, and due	DATE SIGNED (Months Day, Year)			
ш	29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of exam	knowledge, death occurred initiation end/or investigation,	In my opinion, death occured at the	time, date end place, and due	to the cause(a) and manner ee stated. DATE SIGNED (Month) Day, Year)			
BE	29e. CERTIFER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER When the second of the basis of example of the control of the basis of example of the control of the basis of example of the control of the basis of example of the control of the basis of example of the control of the basis of example of the control o	knowledge, death occurred interior end/or investigation,	In my opinion, death occured at the	time, date end place, and due	DATE SIGNED (Months Day, Year)			

BALTIMORE, MARYLAND 21203-3146

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
11	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	Joseph Bernard Reese May 12, 1990 2:25 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Months) DAYS HOURS MIN, (Month, Day, Year) Country Cou
	Yes Worths DAYS HOURS MIN. 4-30-1217 WITH)
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
OR	Kent & Queen Annes Hospital Chestertown, MD Kent
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
BE .	MA KEX CheStextown, Md. 21620 Myres 2 NO
	104. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WNAT COUNTRY?
RA	508 CALVER ST. 7630 U.C.A
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian.
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 Never Married FORCES? 1 YES 1 YES 2 NO 1 YES
ВУ	3 Wildowed 4 Divorced
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
Ē	Elementary/Secondary (0-12) College (1-4 or 5+) FIF (M) College (1-4 or 5+) College (1-4 or 5+)
MPI	Elem. LADOR VALVOUS
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	William REESE HELLN
10	MRS, DOROTHALKILSON 196. MAILING ADDRESS (Street and Number or Rural Route Number, gity or Town, State, Zip Code) MRS, DOROTHALKILSON 196. MAILING ADDRESS (Street and Number or Rural Route Number, gity or Town, State, Zip Code)
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	20b. METHOD OF DISPOSITION 1 N Burdel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)
	21 SIGNATIBLE OF FINEDAL SERVICE LICENSEE
	207 CHIVERT STREET
	Chesterlown, Md. 21620
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.
	IMMEDIATE CAUSE (Finel disease or condition Implication Onset and Death
	reculting in death) a. Vintrucular Fulfillation
	DUE TO (OR AS A CONSEQUENCE OF):
NO	Sequentially list conditions,
ATI	If any, leeding to immediate cause. Enter UNDERLYING
FIC	CAUSE (Disease or injury that initiated events DISEASE
CERTIFICATION	resulting in deeth) LAST Morente O Aufardia 2 km
	To car wear 1
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28s. WAS AN AUTOPSY PROBLED? MAILABLE PRIOR TO
8	Cosperly Subch and Chapter A VES 2 2 NO OF DEATHS
ME	Heart Faling 1 Tes 2 NO
ä	Apperlension
CEA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMPLE 17 HOSPITAL: OTHER:
PHYSICIAN:	1 [9YES 2/ NO 1] Inputtent 2 PENOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
F	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, that) 28s. DATE OF INJURY (Month, Day, that) 28s. DATE OF INJURY (Month, Day, that) 28s. DATE OF INJURY (Month, Day, that) 28s. DATE OF INJURY (Month, Day, that)
BY	2 Accident Investigation
	3 Suicide 6 Could not be determined determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Sined and Number or Rural Route Number of Rural Route Number or Rural Rout
E	The state of the s
APL.	29a. CERTIFIER (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.
COMPLETED	2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the Ilme, data and place, and due to the cause(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
9	110 D314.12 1-11-40
2	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print) GEOFGE M. JOHNG WAS KAOA HOSP CRESHED AND Md. 21620 31. DATE FILED (Morths, Day, Year) 32. REGISTBAR'S SIGNATURE

DNMN-16 Rev 1/89

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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	C	ERITFIC	CATE	F DEATH	REG	NO.		
	1. OECEOENT'S NAME (First, Middle, Last) ERMA	LEOLA	RUSSI	ELL		2. DATE OF DEAT	DAY	YEAR	. TIME OF DEATN
		٠.					5-9		1830 p.M
l) E	4. SOCIAL SECURITY NUMBER 5. SEX 215-14-2644 1 ☐ M 2 ☒ F	(Month, Dev. Year)					0, 191;	Country)	aryland
	9a. FACILITY NAME (If not institution, give street and number)			b. CITY, TOV	N OR LOCATION OF DE			UNTY OF DEA	NTH .
TOR	Washington County Hospit	a1		Нае	erstown		1	Washir	ngton
JE I	10a. STATE 10b. COUNTY			TOWN OR LO				1	Od. INSIDE CITY LIMITS?
ā	Maryland Washington		Ha	gerst					YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 124 High Street				101. ZIP CODE 21740		10g. CIT	U.S.A.	
NO.	FORCESS	ENT EVER IN U.S. A	RMED		OECENOENT OF NISPAN , specify Cuban, Maxica			14. RACE Black,	– American Indian, Whita, atc.
BY		WAR OR DATES			YES 2 XNO Specifi		~/	Specify:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	0	ECEDENT'S US	rk done during	ATION most of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12) College (1-4 or	5+)	e. Do NOT use			0			i
ME	17. FATHER'S NAME (First, Middle, Last)		Homen	laker	18 MOTNED'S NA	ME (First, Middle, M	n home		
8	George Gordon	Uhler				(,,	izabetl		natzer
BE	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING A	DDRESS (Str	eet and Number or Rural				
5	Martha E. Embly		324 Sc	uth B	urhans Blv	d.,Hage	rstown	, Md.	21740
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACI	e of oisposing the Have	n Cen	etery		c. LOCATION -		n, Stata ish., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				e and adobess of fa	ciury	noral I	Home	Inc
	+ L. hall Brad	-		40	E. Antieta	am St.,	Hagers	town,	Md. 21740
	23. PART I. Enter the diseases, or complications to shock, or heart fellure. List only one of			t anter the	mode of dying, suc	h as cerdiac or	reepiratory e	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition								Onset and Death
	resulting in death) a. CON 6	BRO - V	ASCUL	Ha	ACCIDEN	T			12 DAYS
_									1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	TO (OR AS A CONSI	EOUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								
E	that initieted events resulting in death) LAST	TO (OR AS A CONSI	EQUENCE OF):						
E	d								+
	PART II. Other eignificant conditions contributing	to deeth but not	resulting in	the under	ying ceuse given in		AS AN AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	HATERIOSCURIOTIC CARTI	OUBCULA	9 DISG	AJE 6	usted beut	101	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
Ξ		EMP						1	1 TES 2 NO
Ä	SEPS/S 25. WAS CASE REFERRED TO MEDICAL								
S	EXAMINER? HOSPITAL:	2 ☐ ER/Outpatient		OTHER:	8. PLACE OF OEATN (Ch		-		
PHYSICIAN:	27. MANNER OF DEATH 26s. DATE	OF INJURY	26b. TIME	OF 28c	Nome 5 Residence	28d. DESCRIBE		CCURED	
	1 Natural 5 Pending	, Day, Year)	INJU		WORK?				
ЭВУ	3 Suicide 28e. PLACI	E OF INJURY — At I	home, farm, st	reet, factory,	office	281. LOCATION (: City or Town,		er or Rural Ro	ute Number,
COMPLETED	4 Homicide determined	rg, area (opouny)				Oily or rown,	Jidie)		
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge,	death occurred	at the time,	data and place, and due	to the cause(s) ar	d manner as st	lated.	
MO	one) 2 MEDICAL EXAMINER: On the basis of	f axamination and/o	r investigation	, in my opini	on, death occured at the	time, data and pla	ca, and dua to	the cause(s)	and manner as stated.
E C	286. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. D/	TE SIGNEO	Month, Day, Year)
00	Barrollon, no	>			0010	40	> (05-2	6-90
2	35. NAME AND PRESS OF PERSON WHO COMPLETED C	AUSE OF OEATN (IT	EM 27) (Type, I	Print)				-	
	BANKY M. COCKED, 339	E ANTI	CIMI	50	HAGERSI	DUN, M	12, 21	1740	
	30. NAME AND PRESS OF PERSON WHO COMPLETED CO SAME AND MAN COCKET 33.9 31. OATE FILEPPLY PROPULTED TO SHOULD 32. REGIST	TET DEVISER	-Handel	2					

3. TIME OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

i	1. DECEDENT'S NAME (First	Microth, Last)			1				2. DATE OF DEATH		VEAD	3. TIME OF DEAT	гн
•	Mary	1,200	HEWK							8	YEAR 990	1:30	Q_M
	4. SOCIAL SECURITY HUMIN		5. SEX	6. AGE (in y	rs. last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	2 0475 05 0574		8. BIRTH Countr	IPLACE (State or Fo	oreign
į	178-07-3306	-A	1 🗌 M 2 💢 F	72	YRS.	MONTHS D	AYS	HOURS MIN.	March 29,	1918	Mar	yland	
1	9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY, TO	WN O	R LOCATION OF DI		9c. COU	NTY OF D	EATH	
<u> </u>	Soudbook	Southand Md Harilal al						Solve		Per	70	(reova	15
3 1	RESIDENCE OF DEC	EDENT	HOPH		41.		LIY	140r 1	-	11117	10	0 -0114	3
į	10a, STATE	10b. COUNTY			10c. CfT	Y, TOWN OR						10d. INSIDE CITY	1
5	Maryland	Princ	e George	s		Suit1	and					1 YES 2 🔀	NO
4	10e. STREET AND NUMBER						101.	ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL DIRECTOR	3524 Terra	ace Dr	., Apt.	В			2	0746		U.	S.A.		
5	11. MARITAL STATUS		12. WAS DECEDEN						NIC ORIGIN? (Specify Yes	or No-	14. RACE	E — American Indi k, White, atc.	en,
	1 Never Married 2		FORCES? 1					2 NO Specif	in, Puerto Rican, etc.) y:			w.White	
2	3 X Widowed 4 Divo	rced											
COMPLEIED		EDENT'S EDU		16	a. DECEDENT'S	WORK done duri	JPATIC	N st of working	16b. KIND OF BU	SINESS/IND	DUSTRY		
4	Elementary/Secondary (0		College (1-4 or 5	+)	0 -				0 0 1		0		
\ \frac{2}{5}	12				Salesp	erson			G. C. Mi	ırphy	Co.	Ketail	
3	17. FATHER'S NAME (First, Mi								ME (First, Middle, Maiden				
ם מ	James G. 1	burns						Mary	A. Gillool	Ly			
5	19a. INFORMANT'S NAME (7)								Route Number, City or Tow				
-	Mary E.	Peacoc	.k		P.(). Box	94	3 Berkl	ley Springs	s, W.	Va.	25411	
	20a. METHOD OF DISPOSITI		ovai from State	20b. Pt	ACE OF DISPO	SITION (Name	of cen	netery, crematory or	20c. LO	CATION -			
1	4 Donation 5 Other	(Specify)		Mai	ryland				ark Cem.Lau			ryland	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE //	1	,	22. NA	ME AN	D ADDRESS OF FA	Calas Funer	al H	ome		
	· Lear	000-	VaV.	0/					Hill Rd. Ox			Md .	
\dashv	23. PART I. Enter the di	seases, or	complications the	nt caused th	ne death. Do							Approxim	ate
	shock, of he	eart failUre.	List only one car	use on each	line.			, , , , , , , , , , , , , , , , , , , ,		,		Interval E	letween
ı	IMMEDIATE CAUSE (Fin disease or condition	iai L		1	m 2	.000	2.	1.0.	of the	1.		80	u Death
H	resulting in death)	7	a	OR AS A CO	ONSEQUENCE O	PRICE LA	U	MUM	Vay them	Unu		000	45
_		_							*/:			İ	
HIFICATION	Sequentially list conditi		bDUE TO	(OR AS A CO	ONSEQUENCE O	F):							
٢	cause. Enter UNDERLYI	NG											
Ĭ	CAUSE (Disease or inju that initiated events	lry	DUE TO	(OR AS A CO	ONSEQUENCE O	NF):		-					
Ē	resulting in death) LAS	T	d.										
S	DART II Osbar alaaliiaa			death but		t- Military and					1		
EDICAL	PART II. Other significa		_ / _		not resulting	in the unde	rryin	g cause given in	Part I. 24s. WAS AN PERFO		248	AVAILABLE PRIOF	10
ă			revensi		(1)	-		4.4	1 YES :	NO NO		COMPLETION OF OF DEATH?	CAUSE
Ĕ		Jusi	len-De	gend	ent di	olites	m	eletus				1 YES 2	NO
ÿ													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (C	heck only one)				
2	1 🗆 YES 2 💢 NO		1) Inpatient 2			4 🗆 Nursin	_		8 Other (Specify)				
£	27. MANNER OF DEATH 1 Notural 5	Pending	28a. DATE Of (Month, i	Pay, Year)	26b. TH	JURY	WO	URY AT	28d. DEŞCRIBE HOW	INJURY OC	CURED		
2		investigation						YES 2 NO					
3		Could not be determined	28e. PLACE (of injury , etc. (Specify)	At home, farm,	street, factory	, offic	•	28f. LOCATION (Street City or Town, State	and Numbe)	r or Runal	Ploute Number,	
7	CHOCK UNITY	TIFYING PHYS	ICIAN: To the best o	f my knowled	ge, death occur	red at the tim	, data	and place, and du	s to the cause(s) and me	nner as ste	rted.		
COMPLE	one) 2 MED	ICAL EXAMINE	ER: On the basis of	examination a	nd/or investigati	on, in my opi	nion, d	leath occured at the	e time, date end place, e	nd due to t	he cause((s) and menner as	stated.
_ 1	296. SIGNATURE AND TITLE	OF CERTIFIE	2/	19T =	Si a			29c. LICENSE NU		29d, DA	TE SIGNE	D (Month, Day, Year,)
BE			1.10	-62	you	~ /		2090	610	•	5/28	190	
2	30. NAME AND ADDRESS OF	F PERSON W	O GOMPLETED CAL	ISE OF BEAT	H (IT() 27) (Typ	e, Print)					11		
	J. Sanford	d York	6. M.D.	11701	Living	ston l	Rd.	. Ft. Wa	shington,	Md.			
Ì	31. DATE FILED (Month, Day,		a 32 REGISTR	AR'S SIGNATI	URF			4					
	MAV 29 '90	6	Fulla Davido	on Aand	ما الله								

urs after death. Page 6 and in by the funeral direct or removal.	IIII CANIIII
ificate be executed within physician and completely in one prior to burial, cremation that the transmitter event the	not devilled overly, un
w requires that the death cert been signed by the attending pt. of Health and Mental Hygie	allows any injury, or or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detached be field within TO State Dept. of Health and Mental Hygiene prior to burial, or removal.	FURIANT, II REIL 20 18 MAINEU, US REIL CA

		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. Legle	n	2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH	
\	010 01/ (13/2)	WINDER 1 YEAR IF UNDER 24 HRS. O 20 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-7-19 Maryland.			
1	9a. FACILITY NAME (H not Institution, give street and number) Carroll Courty General Hosp	D. CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF		
6	RESIDENCE OF DECEDENT					
DIRECTOR	md 10b. COUNTY 10c. CITY, To	estmental	,		10d. INSIDE CITY LIMITS? 1 VES 2 NO	
FUNERAL	100. STREET AND NUMBER St. St. St. St. St. St. St. St. St	101. ZIP CODE 2//5	-7	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxica	in, Puarto Rican, atc.)	or No— 14. RA Bit	CE — American Indian, ack, White, atc.	
D BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 18. DECEDENT'S US	1 YES 2 NO Specif	16b. KIND OF BUS		white White	
COMPLETED	(Specify only highest grade completed) [Give kind of work life. Do NOT use re	c done during most of working etired.)		tment		
MP	11 yrs. none Sales				50016	
BE CO	Earl Tucker		Franklin	surname)		
5		DRESS (Street and Number or Rural EE AVE. SYKES			84	
	1 C Burlet 2 Cremetton 3 Removal from State	on (Name of cemetery, cremetory or lle Cemetery		ATION — City of	Town, State ille, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	22. NAME AND ADORESS OF FA	ACILITY			
	6 her Sterner	Burrier F Winfield,	uneral Ho Maryland	ome 217	84	
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on asch line.	antar the mode of dying, suc	ch as cardiac or respir	atory srrest,	Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	-TORY 1	HUCE.	51	IHR	
Z	DUÉ TO (OR AS A CONSEQUENCE OF):	E ASTA	14		YRS.	
CATIC	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				(,	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST					
	PART II. Other significant conditions contributing to death but not resulting in t	the underlying cause gluen in	Part I. 24s. WAS AN	ALITOREY I	4b. WERE AUTOPSY FINDINGS	
SICAL	- Otto again agriculture Committee to again but not resulting in	nie undertying cedae given in	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: MEDI			_		1 - YES 2 - NO	
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C/	heck only one)			
Sic		THER: Nursing Home 5 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 29b. TIME O INJURY	DF 26c, INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 25s. PLACE OF INJURY — At home, term, streed building, atc. (Specify)	et, factory, offica	261. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,	
COMPLETED	29s. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred to	st the time, date and place, and du	a to the cause(a) and man	ner as stated.		
	one) 2 MEOICAL EXAMINER: On the beals of examination end/or investigation,					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M M M M M M M M M M M M M) 29c. LICENSE NU D 29	246	DATE SIGN	27 9 0	
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr) WASHING	H mer	13. WS	ST MINSER	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAPIS SIGNATURE Juna Day dison Rondo	DE				

M. L. D. Same

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	st, <i>Middle, Lest)</i> Stepher	1	Tho	mas	Ric	ckle	9	2. DAT	E OF DEATH 1429-90	Υ	YEAR	3. TIME OF DEATH 8:15AM
4. SOCIAL SECURITY NUN 216-76-048		5. SEX	6. AGE (In y	7 YRS.	IF UNDER 1 YE	_	IF UNOER 24 HRS.	7, DATE	of BIRTH		Count	IPLACE (State or Foreign ry) Cyland
90. FACILITY NAME (# not 5420 Mt. (Gilead						cocation of Di	<u> </u>		9c. COU	NTY OF C	
RESIDENCE OF DE 10. STATE Md.	10b. COUNTY Bal				, TOWN OR L							10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2825	Baubli	tz Rd.				101. 2	2111'	7		10g. CITI		what country?
11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES :	2 INO	If ye	s, spec	IDENT OF HISPAI Ity Cuben, Mexico NO Specifi	n, Puerio		or No—	14. RAC Blec Spec	E — American Indien, k, White, etc.
15. DE (Specify of Elementary/Secondary	CEDENT'S EDUC nly highest grade (0-12)	CATION completed) College (1-4 or 5		GIVE KIND OF WE HELD DO NOT USE Gardne	ork done durir e retired.)	ng most	of working	16	b. KIND OF BUS	iness/inc		
17. FATNER'S NAME (First,		oseph R	ickle				18. MOTNER'S NA			Sumame)		
The second secon							Rd., Ov					117
20a METHOD OF DISPOSI 1 Duriel 2 Cremet 4 Donation 5 Other	lon 3 🗆 Rem	oval Irom State	20b. Pi	LACE OF DISPOS per place) Vergre	ITION /Name	of come	lany cometony or		20c. LO	CATION —	City or To	
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE Cland	f.		Ec. NAI	kha	rdt Fur	cility lera.	l Chape	1		21117 Mills. Md.
23. PART I. Entay the ahook, or IMMEDIATE CAUSE (F disease or condition reaulting in death)	haart fallure.	Liat only one cas	ise on each		ot enter the							Approximate Interval Between Onset and Daath
Sequentially list cond		b	(OR AS A CO	ONSEQUENCE OF	CE OF):							
If any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	YING jury	c. DUE TO	(OR AS A CO	ONSEQUENCE OF):							
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	yING jury st	d				riying	cause given in	Part I.	24a. WAS AN PERFOR	MED?		D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES 2 NO
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignification of the cause of the ca	st cant condition	d	death but	not reaulting I	OTHER:	26. PLA	CE OF OEATH (C)	heck only	PERFOR	NO SC	ene	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or Inthat Initiated events resulting in death) LA PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 27. MANNER OF DEATH 1 Natural 5 2 Accident	TO MEDICAL Pending Investigation Could not be	HOSPITAL: 1 Inputent 2 26s. PLACE 0	death but	ent 3 DOA 28b, TIMI	OTHER: 4 Nursing E OF 26	26. PLA g Home ic. INJU WOR 1 YE	CE OF OEATH (C) 5 Residence RY AT	ecck only XX 6 Onl 28d. D	PERFORMANCE OF THE SERVICE OF THE SE	SCONJURY OC.	ene curred d se	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1.f. Route Number,
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 Nother algnific 27. MANNER OF DEATN 1 Natural 5 2 NO 27. MANNER OF DEATN 1 Natural 5 4 Accident 28. CERTIFIER (Check only) 1 CE	TO MEDICAL Pending investigation Could not be detarmined	HOSPITAL: 1 Inpetient 2 25s. DATE 01 5 Magh 5 20 building	death but ER/Outpath INJURY— etc. (Specify)	ent 3 DOA 26b. TIMM INJ At home, Jerm, a	OTHER: 4 Nursing E OF 26 URY M	26. PLA g Home c. INJUI WOR 1 YE c, office	S Residence RY AT XY S and place, end du	28d. D Sul 28f. LC 542	PERFORMANCE OF THE SECRIBLE NOW IN CONTROL (Street NOW IN CONTROL (Street NOW IN CONTROL (Street NOW IN CONTROL (Street NOW IN CONTROL (Street NOW IN CONTROL (Street NOW IN CONTROL (Street NOW IN CONTROL (STREET NOW IN CONTROL (S	SCINJURY OC. angeled Numbered Rand	ene curren d se	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO

7) (Type, Print)

Pandell.

Penn Street, Baltimore, MD 21201

Jr.,MD

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31. OATE FILEO (Month, Day,

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	FOR ST ST ST ST ST ST ST ST ST ST ST ST ST	ATE OF MARY		DEPARTMEN ERTIFICAT						·	1000	U
	1. DECEDENT'S NAME (First, Middle, Last)	0 0:					2. DATE OF		VE		ME OF DEATH	
	Clarence	PKIC	har	dson			Ma	1 28	196	90 1	415	M
	4. SOCIAL SECURITY NUMBER 5. SE		E (In yrs. les	t birthday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF ((Month, D)	ay, Year)	0. E	BIRTHPLACE Country)	E (State or Foreig	jn
	21000 0000 1	M 2 🗌 F	78	YRS.			11/	28/11		laryl	and	
	9e. FACILITY NAME (If not institution, give atreet en	d number)		9b. CIT	Y, TOWN OF	LOCATION OF DE	ATH	94	c. COUNTY	OF DEATH		
DIRECTOR	Peninsula General Ho	spital			Salisl	oury, MD			Wi	comic	0	
S	10e. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCATION	DN					INSIDE CITY	
E	Maryland Worces	ter		Snow	Hill						LIMITS? YES 2 NO	,
	10e. STREET AND NUMBER					ZIP CODE		10	g. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL	102 Division Stre	et				21863	3			USA		
5		AS DECEOENT EVE		MED 13.		NOENT OF HISPAN			No- 14.	RACE — A	mericen Indien,	
ВУ Б		YES, GIVE WAR OF				cify Cuban, Mexicar 2 X NO Specify		n, etc.)		Specify:		
							1000		1	Whi	te	
里	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted)	(G	CEDENT'S USUAL (ive kind of work done Do NOT use retired.	during mos		16b. Kil	NO OF BUSINE	SS/INOUST	'RY		
7	Elementary/Secondery (0-12) Coll	ege (1-4 or 5 +)		treet Su	,	t.endent.		Town				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			orceo bu	PCLL	18. MOTHER'S NAI	ME (First, Midd					
	William H. Richa	rdson						Hales				
BE	19e. INFORMANT'S NAME (Type/Print)		City or Town, S		de)		-					
2	Iva T. Richardson		10	02 Divis	ion S	t., Snow	Hill	, Mary	land	218	63	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal for	OF DISPOSITION (A	Vame of cem	stery, crematory or		20c. LOCAT	ION — City	or Town, S	tate			
	4 Donation 5 Other (Specify) Makemie Presbyterian Cemetery Snow H								Hill	L, Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	ADDRESS OF FAC	CILITY	^								
1	Dennis Funeral Home 110 Franklin St., Snow Hill, Mo									Ма	21863	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final									i	interval Betwo	
	disease or condition	CARDII	PULMONARY HEREST									
	a. CARDIO PULLHON ARY HEREST OUE TO (OR AS A CONSEQUENCE OF): ADVANCED CANCER OF RECTUM Y										n /	0
z	ADVANCED CAMER OF RECTUR										norm	N
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):										
2	cause. Entar UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSEQUENCE OF):										
Ë	that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSE	ZUENCE UF):						i		
CEF	d									+		
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO											
20	- CONGRATION HEART PAILURE 1 YES 25 NO CON									COM	PLETION DF CAU	
MEC	- RENAL FAILURE 1 PES 2 NO											
PHYSICIAN: MEDICAL												
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL .		OTHE		ACE OF DEATH (Che	eck only one)					
YSI	EXAMINER? 1 YES 2 5 NO HOSPITAL: 1 OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)											
표	27. MANNER OF DEATH 1 → Natural 5 → Pending	RY ur)	28b. TIME OF INJURY	28c. INJU WOI	RK?	28d, OESCR	IBE HOW INJU	IRY OCCUR	EO			
BY	2 Accident Investigation	28e. PLACE OF INJ	IDV At he	M stand for		ES 2 NO	204 4 00471	041/04	M. mehan an d	David Carda	Atronbon	
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	erre, terrii, street, te	ictory, ornice			ON (Street end Town, State)	Number or I	HURII HOUR	Number,	
E	29e. CENTIFIER											_
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN:									eusafal and	manner se stet	ed .
ဗ္ဗ				, и пу	aprimult, Ol							-41
BE	296. SIGNATURE AND TITES OF CERTIFIER		MI)		29c, LICENSE NUN		2	DATE SI	GNED (Mon	th, Day, Year)	
D 23 7 5 C									- 0/-	201	70	

32. REGISTRAR'S SIGNATURE
Javidson-Randall

30'90

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	7	CD	P Pc	
	A	R	77	
	8	JNE	th.	
	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or ren	
	E	E	filec	
	_	_		

	Baby Boy Rodriguez MONTH 4/26/90	ME OF DEATH 6:15 a M E (State or Foreign
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH Washington Adventist Hospital Takoma Park Montgo	INSIDE CITY
BY FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10f. ZIP CODE 10g. CITIZEN OF WHAT 10f. ZIP CODE 10g. CITIZEN OF WHAT 10f. ZIP CODE 10g. CITIZEN OF WHAT 10f. ZIP CODE 10g. CITIZEN OF WHAT 10g. CITIZEN OF WHAT 10g. CITIZEN OF WHAT 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 10g. CITIZEN OF WHAT 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 10g. CITIZEN OF WHAT 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 10g. CITIZEN OF WHAT 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 10g. CITIZEN OF WHAT 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 10g. CITIZEN OF WHAT 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)	COUNTRY?
ed at once. BE COMPLETED	(Specify only highest grade completed) Elementary/Secondary (p-12) College (1-4 or 5+) College (1-4 or 5+) NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Juana Rodfigues	
examiner must be notified at once. TO BE CON	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Sign Code) 206. METHOD OF DISPOSITION 1	Park
ry, or other traumatic event, the medical	23. PART I. Enter tha diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death
hows any injury, or MEDICAL CER	PERFORMED? AMA COM 1 YES 2 NO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO PPLETION DF CAUSE DEATH? YES 2 NO
d, or Item 23 s HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY	
28 is marke TED BY P	Netural 5 Pending Investigation 2 Accident Suicide 8 Could not be detarmined	Number,
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.	
TO BE COME	296. BIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. 27 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1th, Day, Year)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 12 1990 Julia, Scriber Roders	DHMH-18 Rev 1/89

VIQ	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	VITAL	RECO	ORDS,	P.O.	BOX	13146,		BA	LTIM	ORE,	BALTIMORE, MARYLAND 21203-3146	LAND	2120	3-3146
TO THE MOSPITAL, R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physic	TTENDING PHYS	SICIAN: The	aw requires	that the d	eath certi	ficate be	precuted with	nou -	rs after de	eath. Page	6 may t	e retained t	y the hosp	ital or atte	anding phys
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	CTOR: After this after death with	certificate ha	s been sign	ned by the Ith and Me	attending ntal Hygie	physician ne prior to	and complete burial, crem	ly filled is ation, or	n by the fremoval.	uneral din	ector, pag	e 5 should	be detacher	asn Joj p	as the buri
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	28 Is marked	, or Item	23 shows	amy Injui	y, or ot	ner traur	natic event,	the m	dical ex	aminer	must be	notified	at once.		

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last) Nevada Roach 2. DATE OF DEATH MONTH NAV 27 - 199	
N 7 D 1	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) if UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH	BIRTHPLACE (State or Foreign Country)
219-14-3832 1 M 2 X F 87 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)	Maryland
	TY OF OEATH
Whitemarsh Road Madison Description	orchester
LU 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
Maryland Dorchester Madison	1 WES 2 NO
	ZEN OF WHAT COUNTRY?
White Marsh Road 21648	US
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
	Black, White, etc. Specify:
a)\(\text{\text{Nidowed}}\) 4 \(\Divorced\) Divorced \(\Divorced\) P YES, GIVE WAR OR DATES \(\Divorced\) 1 \(\Divorced\) YES 2 \(\text{X}\)\(\text{NO}\) Specify:	White
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Becondary (0-12) College (1-4 or 5 +) Ty. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKE 18. MCTHER'S NAME (First, Middle, Maiden Surname)	USTRY
Elementary/Secondary (0-12) College (1-4 or 5 +)	
Homemaker Homemaker	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
William Abbott Mollie Wilson	
198. INFORMANT 5 NAME (Typerrint)	
Raymond L. Aaron, St. 5204 Horry Lane Cambridge, Md	
RAYMONG L. ACTON, St. S204 NOTLY Lame Campinger, inc. 20s. METHOO OF OISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)	
20a. METHOO of OlsPosition 20a. METHOO of OlsPosition 192 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OlsPosition (Name of cemetery, cremetory or other place) Old Trinity Churchyard Church	Creek, Md.
RAYMONG L. ACTON, St. S204 NOTLY Lame Campinger, inc. 20s. METHOO OF OISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)	Creek, Md.
Ray Call	Creek, Md.
RAYMONG L. Adron, St. S204 Notify Lattle Cambridge, Md 20e. METHOO OF OISPOSITION 20e. DEACE OISPOSITION (Name of cemetery, cremetory or other piace) Old Trinity Churchyard Church 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Fun 23. PART/J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arm	Creek, Md. eral Home e, Md. 21613
RAYMONG L. Adron, St. 3204 Notify Lattle Callibridge, Md 200. METHOO OF OISPOSITION 1/2 Burlel 2 Cremation 3 Removal from State 200. PLACE OISPOSITION (Name of cemetery, crematory or other place) 01d Trinity Churchyard Church 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Fun 23. PARTI. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line.	Creek, Md. eral Home e, Md. 21613
RAYMONG E. Adron, St. S204 Notify Lattle Califorting. Indication of observation of place of the place of th	Creek, Md. eral Home e, Md. 21613 eat, Approximata interval Between
RAYINGIG E. Adroit, St. 3204 Notify Lattle Califortiage, March 20a. METHOD OF OISPOSITION 20a. METHOD OF OISPOSITION 20a. METHOD OF OISPOSITION 20a. METHOD OF OISPOSITION 20a. METHOD OF OISPOSITION 20a. Memoral from State other place) 20a. Memoral from State 20a.	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death
20a. METHOO OF OISPOSITION 20a. METHOO OF OISPOSITION 19 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Fun 700 Locust St. Cambridg 23. PART/J. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death
20a. METHOO OF OISPOSITION 20a. METHOO OF OISPOSITION 19 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Fun 700 Locust St. Cambridg 23. PART/J. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death
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20a. METHOD OF OISPOSITION 1/2 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF OISPOSITION (Name of camelery, crematory or other place) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Fun 700 Locust St. Cambridg 23. PART//. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death
20a. METHOD OF DISPOSITION 1/2 Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of camelory, crematory or other place) 20c. LOCATION — Content of the place of Disposition (Name of camelory, crematory or other place) 21. SIGNATURE OF JUNEAU SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART/J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED?	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years
20a. METHOD OF DISPOSITION 1/2 Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of camelory, crematory or other place) 20c. LOCATION — Content of the place of Disposition (Name of camelory, crematory or other place) 21. SIGNATURE OF JUNEAU SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART/J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED?	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
20	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
20	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
20	Creek, Md. eral Home e, Md. 21613 eet, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
20a. METHOD OF DISPOSITION St. 20b. PLACE OF DISPOSITION Name of camelony, crematory or 20c. LOCATION — 20b. place 20c. LOCATION — 20c. LOCA	Creek, Md. eral Home e, Md. 21613 eet, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
20a. METHOD OF DISPOSITION State 20b. PLACE OF DISPOSITION Name of cemetary, crematory or 20c. LOCATION — 20b. place) 20b. place) 20b. place 20	Creek, Md. eral Home e, Md. 21613 Approximata interval Between Onset and Death years 24b. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
Note Note	Creek, Md. eral Home e, Md. 21613 Approximata interval Between Onset and Death years 24b. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
20. METHOD OF OISPOSITION 120. ENCATION 200. ENCATION	Creek, Md. eral Home e, Md. 21613 Approximata interval Between Onset and Death years 24b. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
Note Note	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number,
Note Note	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number,
20s. METHOD OF OISPOSITION 72. Burlai 2 Cremetion 3 Removal from State 4 Donaton 5 Other (Specify) 21. SIGNATURE SF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PARTY Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory am shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death) 3. ATTETIOSCIETOTIC CARDIOVASCIILAR disease or condition resulting in death) 4. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. Were Autopsy Findings Amailable Prior To Completion of Cause of Death? 1 Yes 2 No CURED or Rural Route Number, led. le cause(a) and manner as stated. E SIGNED (Month, Day, Year)
Add	Creek, Md. eral Home e, Md. 21613 Approximata interval Between Onset and Death years 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
206. METHOD OF OISPOSITION Removal from State 206. PLACE OF OISPOSITION Removal commence of co	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. Were Autopsy Findings Anallable Prior to Completion of Cause of Death? 1 yes 2 no Cured cor Rural Route Number, sed. es cause(a) and manner as stated. E Signed (Month, Day, Year) /30/90
Value 2 Committed 20 Committed	Creek, Md. eral Home e, Md. 21613 est, Approximata interval Between Onset and Death years 24b. Were Autopsy Findings Anallable Prior to Completion of Cause of Death? 1 yes 2 no Cured cor Rural Route Number, sed. es cause(a) and manner as stated. E Signed (Month, Day, Year) /30/90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 r TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must
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TO BE COMPL

31. DATE FILED (Month, Day. 24 90

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		FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEP CERT	ARTMENT IFICATE	OF HEALTH AND	MENTAL HYGIEI REG. NO					
Γ	ì	1. DECEDENT'S NAME (First, Middle, Last)		A 4			2. DATE OF OEATH	DAY Y	3. 1	TIME OF DEATH3		
	į	GLLNN	W.	KIZE	ER Sr	•		1- 19	90	9 4		
-	I	THE PARTY OF THE P	5. SEX 6. AG	E (In yrs. last birthd			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAI Country)	CE (State or Foreign		
ıÌ	١.	214-05-8825	1 M 2 F	73 YR	S. MONTHS	DAYS HOURS MIN.	4-6-1917		Garre	tt co MD		
80)	9a. FACILITY NAME (If not institution, give stre		1 11		TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH	1		
7	OB	1 00 01 -0	emorial 1	tospital	tau	ire de Gira	ICE	MM	ford			
	ត្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	_	10c.	CITY, TOWN C	R LOCATION			10d	. INSIDE CITY		
	DIRECTOR	Maryland Harfor	d			e Grace				LIMITS?		
	. 10	10e. STREET AND NUMBER	u	110	avie u	101. ZIP CODE		10g. CITIZE				
	FUNERAL	100. STREET AND NUMBER Citize	ns Nursing	Home		0.1070		1,00				
	ž I	4 5 S. Market St.	12. WAS DECEDENT EVER	R IN U.S. ARMED	13.	21078 MAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Y	I USA	RACE —	American Indian,		
	100	1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO		f yes, specify Cuben, Mexic I NES 2 NO Specific	an, Puerto Rican, etc.)		Black, W	nite, atc.		
- [B	3 Widowed 4 Divorced	in tes, dive than on	DATES		TES 2 X NO Space	·y-		арисну.	White		
	9	15. DECEDENT'S EDUCA (Specify only highest grade of		16e. DECEDEN	T'S USUAL O	CCUPATION during most of working	16b. KIND OF BI	JSINESS/INDUS	TRY			
	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)	during most of working	Cuyah	oga Fa	lls,	Ohio		
ei l	ě	12		Book	Keeper			Company				
9	COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maide	n Surname)				
at D	BE	Howard Edward Rize	r			Amand	la Mae Col	lins				
=	0	19a, INFORMANT'S NAME (Type/Print)				(Street and Number or Rural			ode)			
9	- 1	Kenneth A Rizer				432 , Bel Air						
ts		20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remo	val from State	other place)		me of cemetery, crematory or		OCATION — CH				
E		4 Donation 5 Other (Specify)		R. A		is & Co.		st Che	ster,	PA		
examiner must be notitled at once.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell—Smith Funeral Home Havre de Gr 123 S. Washington St. MD. 21078										
medical		23. PART I. Enter the diednes, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory srrest, Approximate										
Ë		Onset and Death										
other traumatic event, the	ı	disease or condition resulting in death) e. NEUMONIA										
Ven	- 1	DUE TO (OR AS A CONSEQUENCE OF):										
all control	Z	Sequentielly list conditions.										
E	Ĕ	It any, leading to immediate										
=	2	cause. Enter UNDERLYING CAUSE (Disease or Injury the lettered expense.										
		that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting In death) LAST										
0 7	CERTIFICATION	d						_				
shows any injury	-	PART II. Other significant conditions	contributing to deet	but not result	ing in the ur	nderiying ceuse given li		N AUTOPSY		RE AUTOPSY FINDINGS		
È	EDICAL	Avenusalen	for Hen	ut p	ISEM	SE	1 TYES	2 NO	CO	WLABLE PRIOR TO MPLETION OF CAUSE DEATH?		
SA N			,							YES 2 NO		
# #	. X											
item 23	IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)		1			
=	SICI	1 Tes 2 Tho	HOSPITAL:	Outpatient 3 D	OTHE	R: sing Home 5 - Residence	6 Other (Specify)					
9, 0	PHY	27. MANNER OF DEATH	28e. DATE OF INJUI	RY 28b	TIME OF	28c. INJURY AT	28d, DESCRIBE HOW	INJURY OCCU	RED			
marked,	ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Yea	",	INJURY M	WORK? 1 YES 2 NO						
E .	0 8	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU- building, atc. (5	JRY — At home, fa	ırm, street, fec	tory, office	261. LOCATION (Street City or Town, Sta		Rural Route	Number,		
1 28		4 Homicide determined		r=2211			ony or rown, our					

	2 MEDICAL EXAMINER: 0	In the basie of exi	imination end/or investi	gation, in my opinion, death occured at the time, date end place, e	nd due to the cause(a) and manner as state
GNATURE	AND TITLE OF CERTIFIER	1 1	410	29c LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

his Davidson-Randalle

		-
		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic to the information of the i
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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	DIR DIR	ten
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death carificate be executed to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cerbied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burit	Ξ.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENI REG. NO.
-	t. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

,	t. DECEDENT'S NAME (First,		Rehar							2. DATE OF DEAT	H	O YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In vrs.	Anna A Lab do A			1					М
	160-38-8145		t ☐ M 2 💢 F	8. AGE (III yrs.	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTI (Month, Day, Ye 3-8-1)	910	S. BIRT	Pa.
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. C0	DUNTY OF I	DEATH
OR	Rt. 2 Bx 152-A					Gr	eens	boro)		Ca	arolin	e
5	RESIDENCE OF DEC	10b. COUNTY	,		100 CIT	Y, TOWN	OR LOCAT	TION					ted, INSIDE CITY
DIRECTOR	MD		oline			ensb		ion					LIMITS?
FUNERAL	Rt. 2 Bx 15	:2_ A					to	ZIP COD	_				WHAT COUNTRY?
Ä	11. MARITAL STATUS	12-A	12. WAS DECEDER	T 51/50 W (10	40000	- 1		2163				SA	
BY FU	1 Never Married 2 3 Widowed 4 Divo	Married	FORCES?	YES 2			If yes, sp	ecity Cubi		IIC ORIGIN? (Speci n, Puarto Rican, et ::		Blac	E — American Indian, ck, Whita, atc. White
	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	- 1									wille
1	(Specify only	EDENT'S EDU y highest grade	completed)		Give kind of life. Do NOT u	Work done	during mo	ON ost of worki	ng	16b. KIND O	F BUSINESS/	INDUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 8		omema					NA			
S S	17. FATHER'S NAME (First, M	liddle, Last)						ta. MOT	HER'S NA	ME (First, Middle, M	siden Surname	0)	
BEC	John Masku	lka						XX	OKNO	WXX Kat	herine	Sasi	ula Wynn
TO B	19a, INFORMANT'S NAME (7							and Numbe	r or Rural F	Route Number, City of	Town, State,	Zip Code)	
	Patricia Tru		d	20h Bi A						nsboro,			
3	20e, METHOD OF DISPOSITION Surial 2												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. C. C. C. C. C. C. C. C. C. C. C. C. C								MD	21620				
	Fleegle-Helfenbein Fn Hm. PO B160												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Culturas cultar accident DUE TO (OR AS A CONSEQUENCE OF): b. Atherosclerosis									246			
	DUE TO (OR AS A CONSCOUENCE OF):										10		
O	Sequentially list conditions,												
CAT	If any, leading to immediate cause. Enter UNDERLYING												
F	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
CERTIFICATION	d												
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE												
MEDICAL	Dealettis mellitus												
ME	1 YES 2 NO										1 YES 2 NO		
ä													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CTHER: OTHER:												
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
		Pending Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TH	JURY M	W	JURY AT DRK? YES 2 [□ NO	28d, DESCRIBE I	OW INJURY	OCCURED	
ED BY	2 Accident	Could not be	26a. PLACE (OF INJURY — At	home, farm,	street, fed	tory, offic	en .		28t. LOCATION (S City or Yown,		nber or Rural	Route Number,
		datermined		-									
COMPLETED	(Check only		ER: On the basis of										(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE	ace	11	nO				D.3	ENSE NUM	ABER 4	29d. 0	ATE SIGNE	0 (Month, Oky, Year) 2-6/90
-	30. NAME AND ADDRESS OF	PERSON WIT	O COMPLETED CAU	U F	O B	e, Print)	12	-2	00	eldsbu	is m	02	1636
	31. DATE FILED (Month, Day, APR	voer) 05 '90		AR'S SIGNATUR	E								
	11111		0		- 1								DUBBLAR D

3. TIME OF DEATH

0238 8. BIRTHPLACE (State or Foreign

DC

DHMH-16 Rev 1/89

90

9c COUNTY OF DEATH

1913

Wash.

STATE REGISTRAR

EMIL

4 SOCIAL SECURITY NUMBER

579-09-2821

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION	T. C. P. C. C. C. C. C. C. C. C. C. C. C. C. C.
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9e. FACILITY NAME (If not Institution, give street and number) DIRECTOR Anne Arundel General Hospital Anne Arundel Annapolis RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 XNO Maryland Anne Arundel Harwood 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 4747-K Flanders Lane 20776 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 10 Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Beautician Beauty Shop 12th 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Percy L. Hale Roberta Buckman at BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4747-K Flanders Lane, Harwood, Maryland Richard A. Robey pe METHOD OF DISPOSITION Burtal 2 [] Cramation 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State nation 3 | n must Other (Specify) Brentwood, Maryland Lincoln Cemetery xaminer 22. NAME AND ADDRESS OF FACILITY S SONS FUNERAL HOME the funeral 4739 Balt. Ave., Hyattsville, Md. 20781 medical complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in by ock, or heart fallure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Fine) the diseese or condition B. ALVTE COMONANT INSUFICIENCY
DUE TO (OR AS A CONSEQUENCE OF): SECONDS completely rial, crematic event, reaulting in death) executed within ATHEROSCIENUTIC VASCULAR DISGASE and com traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate physician DIABETES ceuse. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa YPEN TENSION guipt reaulting In death) LAST 0 signed by the atter Health and Mental shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE TOBACCO HISTORY 1 YES 2 NO OF DEATH? 1 YES 2 NO been t, of i PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one) Item certificate I EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA Home 5 ☐ Residence 6 ☐ Other (Specify) marked, or 27, MANNER OF DEATH 28a. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c, INJURY AT WORK? With this Natural 5 Pending 1 YES 2 NO BY After t Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, Stete) 3 Suicide 6 Could not be determined N. ED FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 山 Item : 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL TO THE FUNERAL IDEA filed within 72 h MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29c, LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 물 물을 C. SGAGCI 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, ASK GN TON 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Davidson Pandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

95 CITY TOWN OR LOCATION OF BEATH

DAYS

2. DATE OF DEATH

7 DATE OF BIRTH

29.

Dec.

EMILY ROSE ROBE

5 SEX

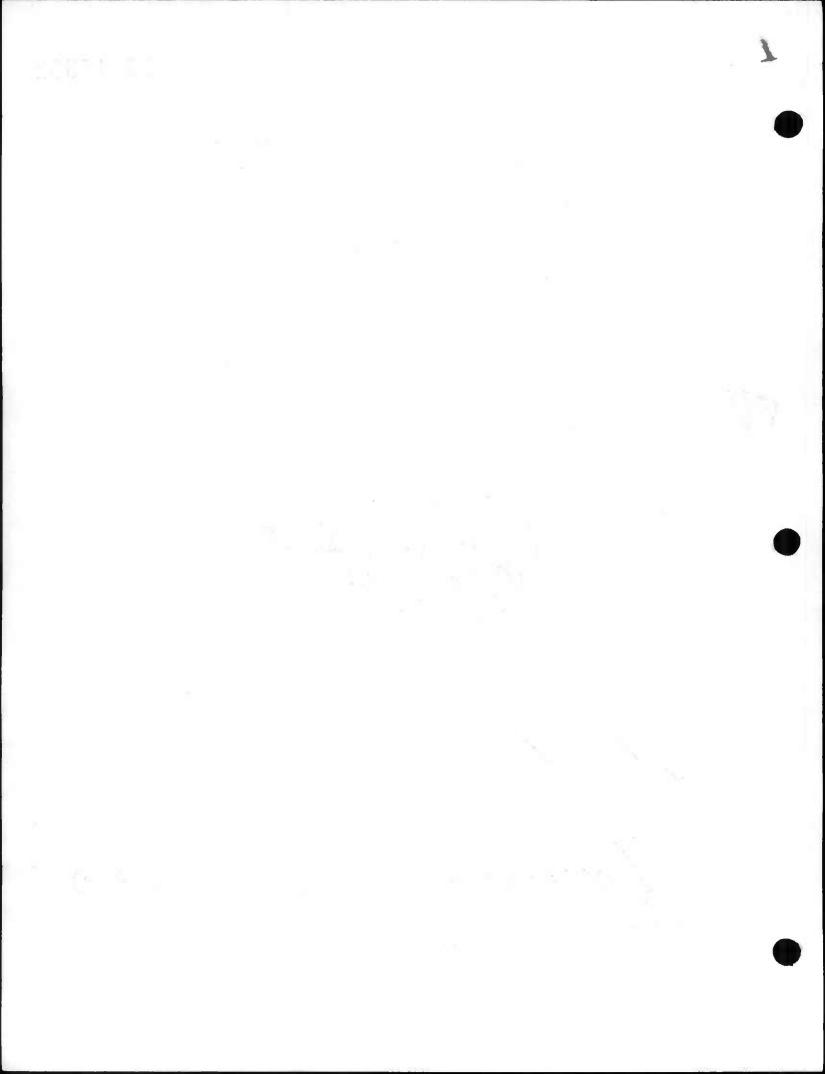
1 - M 2 XF

6. AGE (In yrs. lest birthday)

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-refurs after death. Page 6 in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directive filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner may

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENTA	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		DEOUT EX						2, DATE	OF DEATH	Y	YEAR	3. TIME OF D	EATH
	EVA 4. SOCIAL SECURITY NUMBER	A.	RECKLES						JUN	E 5, 1	990	e Burri	1:45A	
35	217-10-5433	1 M.2 K F	82	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Montl	n, Day, Year)		Count	(VY)	roreign
	9a. FACILITY NAME (If not institution, give	XX	82		9b. CITY	, TOWN C	R LOCATIO			3-1908	9c. COU	NTY OF D	MD DEATH	
OR	Memorial Hospital	1 Cumberland								Allegany				
ቪ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d, INSIDE C	ITY
DIRECTOR	MD Allen												LIMITS?	
	MD Alleg	any			mber]		. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY	
FUNERAL	135 N. Mechanic S	treet-Ap	t. 307			1 2	21502				U:	SA		
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM	MED D						I? (Specify Yea Rican, etc.)	or No-		E — American I k, White, etc.	ndien,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	YES THE NO.				CX□ NO	Specify		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Spec	*	
	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON .		16b	. KIND OF BUS	SINESS/INC		white	
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	Collega (1-4 or 5	+) (GIV	e kind of Do NOT u	work done se retired.)	during mo	st of workin	g						
M Pi	12		reti	red						morial		pita	1	
8	17. FATHER'S NAME (First, Middle, Last) Frederick W. Hami	1ton					ophi			Middle, Malden	Surname)			
	19a. INFORMANT'S NAME (Type/Print)	10011	196	MAILING	ADDRES					ber, City or Town	n Stato 7ir	n Codel		
4	Mrs. Eileen A. De	bruge			land				DOIG HUIT	bes, only or rown	,, Otalo, 25	0000)		
	20a. METHOD OF OISPOSITION		20b. PLACE C	F DISPO						20c. LO	CATION —	City or To	own, Stata	
	■ □ Donation 5 □ Other (Specify)		Greenn							Qumbe	rlan	d, M	D	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. 0/1	_			lli I			Home				
	Varant	RICCO	pu	_			land							
	23. PARTIL Enter the diseases, or ahock, or haert fallure.			th. Do	not enter	tha mo	da of dy	ing, suci	h as can	diac or respi	ratory ar	rest,		Betwaen
	IMMEDIATE CAUSE (Final disease or condition) Onset and Death											and Death		
ł	resulting in deeth)	a. godyn	(OR AS A CONSEC	UENCE O	m.	. K	1000		77.					
Z	Consentative that annulations of	. 1//	www	/	CV	H								
ATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE 19	OR AS A CONSEC	UENCE	5									
윤	CAUSE (Disease or injury that initiated events	C DUE YO	(OR AS A CONSEQ	SIENCE O	or):								-	
CERTIFICATION	resulting in deeth) LAST	d.												
	PART II. Other algorificent condition	na contributing to	death but not re	aulting	In the ur	nderivin	c cause (alven in	Part I.	24a. WAS AN	AUTOPEY	24	b. WERE AUTOPS	Y FINDINGS
CAL										PERFOR	RMEDT		AVAILABLE PR	IOR TO
9					_					1 TYES 2	VINO		OF DEATH?	□ NO
N N														- 1,1
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only o	ne)				
YSI	1 TYES 2 TO NO	1 Inpatient 2	☐ ER/Outpetlent 3		4 🗆 Nu	rsing Hon	na 6 🗆 Re	esidence						
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF JURY	WC	JURY AT ORK? YES 2	7 NO	26d. DE	SCRIBE HOW I	NJURY OC	CURED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At hor	ne, farm,	street, fac					CATION (Street		er or Rumi	Route Number,	
COMPLETED	4 Homicide 8 Could not be determined	bullding	, atc. (Specify)						Chy	or Town, State)				
님	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, de	nth occur	red at the	time, data	end place	, and due	to the ca	use(s) and me	nner aa ste	sted.		
NO.	anel 2 OICAL EXAMIN	IER: On the basic of o	examination end/or i	nvestigati	lon, in my	opinion, c	death occu	red at the	time, date	e and place, ar	nd due to t	the cause((s) and menner	aa stated.
BE C	296. SKIMATURE AND TITLE OF CHITTEN	ER 1 1 1	7				29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	O (Month, Day)	Sar)
TO B	20 NAME OF 1/1/1/1	100C	IOE OF DEATH	407 -	- D		D16	5041				0	5-10	0
		Momowia1				1 10	4124-	200	Cumb	e e e fac	Ma		2150	
	31. DATE FILEO (Month, Day, Year)	Memorial	HOSDICA. AR'S SIGNATURE	. me	ulca.	L BU	11011	18 (Cumb	erland	, Md	•	21502	
	JUN 08 1990 g	eus Devidsor	Manage											



D 21203-3146

BALTIMORE,

for death. Page 6 may be actually by the host the funeral director, page 5 should be che oval.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the reduction for the form of the conficuration of the attention physician and completely filled in by the tuneral director, paging Shquit, but the affect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be vioitified at once.	

15

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR				MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)	Gladys Beco		chmond	!		5	9 9	O	9 43 M
	4. SOCIAL SEGURITY NUMBER	5. SEX 6. AGE (In y	rs. last birthday) 2 YRS.	MONTHS DA		UNDER 24 HRS. URS MIN.	July 26,	1907 N	BIRTHPLA Country) LOT YL	ce (State or Foreign
OR	98. FACILITY NAME (If not institution, give stre CREATER AURE B RESIDENCE OF DECEDENT	et and number) elits Hosp		Sp. CITY, TO		DICATION OF DEA	ATH	oc. COUNTY OF DEATH Prince George		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CIT	Y. TOWN OR L					100	I. INSIDE CITY
DIRECTOR	Maryland Prince	George	Lau	.,				To a second	YES 2 NO	
FUNERAL	5107 Van Dusen Roa	_	20707				10g. CITIZEN OF WNAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or P If yee, specify Cuban, Maxican, Puerto Ricen, etc.) 1 YES 2 X NO Specify:			na or No— 14.	No— 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	(Specify only highest grade completed) (Give kind			NT'S USUAL OCCUPATION ad of work done during most of working OT use retired.) LU.S. Post Of						
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Phoenix Li	inton					ME (First, Middle, Melde 24 Mathia	n Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Ralph Becraft						oute Number, City or To Burton			20866
	20 METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remov	val trom State 20b. P	LACE OF DISPOSE THE PIECE CENT	SITION (Name	of cemetery	y, crematory or		ocation — city		
	21. SIGNATURE OF FUNERAL SERVICE LICE	The second secon		DOV	nalds	odress of Fac Son Fun Lbott A		P.A.		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Finel	emplications that caused the list only one cause on each	he deeth, Do i h line.	not enter the	e mode d	of dying, such	as cardiac or res	piratory srres	t,	Approximate interval Between Onset and Death
	disease or condition resulting in death) e. Lett Lung Ab 50255 oue TO (OR AS A CONSEQUENCE OF):									
-		200010		. ,-						
ATIO	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury thet initiated events rasulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	F):						
- 1	d.									
MEDICAL	PART II. Other significant conditions - Cananaa	ras 0975	-		, ,	ruse given in		DRMED?	AW CO	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATH?
N: ME	- DIABETE	2 hiellitu	3				_		1 [YES 2 NO
PHYSICIAN:		HOSPITAL:		OTHER:	26. PLACE	OF OEATH (Chi	ock only one)			
1YS	1 YES 2 NO	1 npatient 2 ER/Outpati	ent 3 DOA		Home 5		5 Other (Specify) 28d. OESCRIBE HOV	INJUDY OCCU	350	
ВУ Р	1 Naturel 5 Pending 2 Accident Investigation	IN.	JURY M	WORK?	2 NO			_		
MPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm,	street, factory,	, offica		28t. LOCATION (Stree City or Town, Sta		Hurel Flout	e Number,
OMPLE	one)	IAN: To the best of my knowled : On the besis of examination a								d manner as stated.
<u>ш</u>	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
TO B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, WAY

(a) s

32. REGISTRARES EIGNATURE

must be no

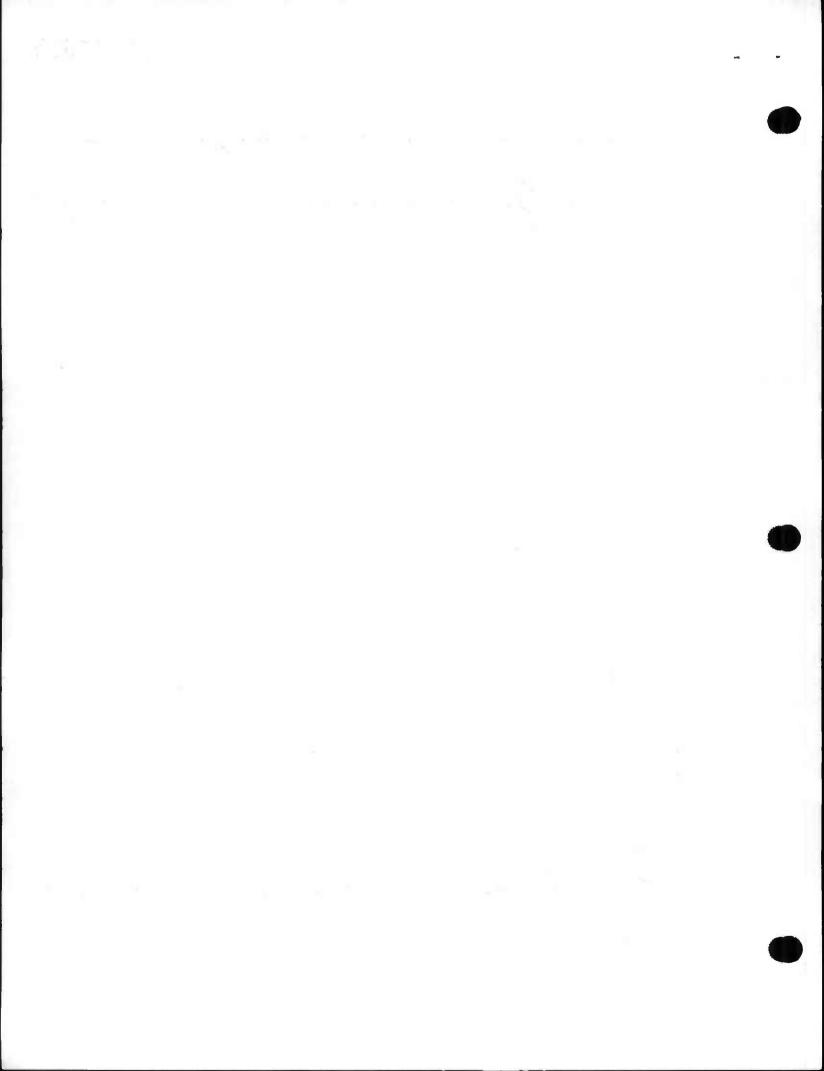
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31. DATE FILED (Month, Day, Year)
MAY 2 1

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	FOR STATE REGISTRAR	S	TATE OF MA			RTMENT O		ALTH AND N DEATH		YGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Midd	idle, Last)	()	2n	10/	Ra	14	le	2. DATE OF MONTH	DEATH DA	119	3. 1	TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 172 - 07 - 93	5.5	SEX SEX SEX	. AGE (In yrs	lest birthday) 7 YRS.	IF UNDER 1 YE MONTHS DA		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF Month, Di May 2	риятн ву, Year) 9 19	12 F	Country)	CE (State or Foreign Ylvania	
NO.	9e. FACILITY NAME (If not institute	1251	9b. CITY, TO	WN OR	LOCATION OF OE		,	9c. COUNTY						
DIRECTOR	RESIDENCE OF DECED 10e. STATE 10b	b. COUNTY	1		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	Maryland 100. STREET AND NUMBER	<u>Prince</u>	George		Lau	Laurel 101. ZIP CODE 100. CI						1 V YES 2 NO		
FUNERAL	916 Montgomery Street							707				u.s.		
B	11. MARITAL STATUS 1				NO	O If yes, specify Cuben, Maxicen, Puarto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify: Specify:						RACE — Bleck, Wi Specify: Whit		
TO BE COMPLETED	(Specify only higi Elementary/Secondary (0-12)		ON bleted) illege (1-4 or 5 +)		(Give kind of Ille. Do NOT u		PATION ng most	of working			SINESS/INDUS	TRY		
PM0	Grade 12 17. FATHER'S NAME (First, Middle	a. Last)		C	arpena	er		18. MOTHER'S NAI			Race T	rack	,	
ŏ	Gottleib Rail							Ann Bac		,	,			
0 8	19e. INFORMANT'S NAME (Type/F	•						Number or Rural R						
2	margre marcet 13372 manuelmar Road Columbia, Ma													
1 [2] Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Crestiann Co								у		Wes	t Frie			
	21. SIGNATURE ON FUNERIAL BE	Ly L	alds	T-7-				ADDRESS OF FAC SON FUNC Lbott A				land	20707	
	23. PART I. Enter the disea shock, or heart					not antar the	n mode	a of dying, such	h ss cardlad	or resp	Iretory arres	t,	Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or as a consequence or)								Onset and Death					
NO	Sequentially list conditions, DIE TO OR AS A CONSEQUENCE OF													
CAT	If any, laading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	that initiated eventa resulting in death) LAST	d	DUE TO (OR AS A CO	NSEQUENCE (DF):								
MEDICAL (PART II. Other significant of	conditions co	ontributing to o	leath but n	ot resulting	In the unde	rlying	causa given in		PERFO	10	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MI	FOICAL					28 DIA	CE OF OEATH (Ch	eck only one)					
SICI	EXAMINER?	H	OSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:				Specify)				
BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pen	nding estigation	28e. DATE OF (Month, Da		28b. Ti	JURY	ic. INJU WOR 1 YE	RY AT	28d. OESCF	NBE HOW	INJURY OCCU	REO		
	3 Sulcide 8 Cou		28e. PLACE OF building, o	INJURY — / tc. (Specify)	At home, farm	street, factory	, office		28f. LOCATI City or	ON (Street Town, State	and Number or }	Rural Route	Number,	
COMPLETED	CONSTRUCTION AND ADDRESS OF THE PARTY OF THE							and place, end due					d menner ee stated.	
MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceue 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGN								SIGNED (MC	12, 1990					

32. REGISTRAD'S SIGNATURE



BALTIMORE, MARYLAND 21203-3146

20	0 7	92
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con he filed within 72 hours after death with the State Deot, of Health and Mental Hyglene prior to burilal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic e
pe e	ian or to	au a
ate	ysic	5
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Ce	野女	0 7
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								30	165	95
	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BITTINGE	p 4.	ROBE	RT		2. DATE OF DEATH DATE OF	9	0 2	S P	М
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	SEX 8. AGE (In yi		ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)		Ountry) M	(State or Foreign	n
OR	98. FACILITY NAME (If not institution, give street a FRANCIS SCOT	T KEY M.	C º	BA 4	NORE	ATH	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY		BAL	TI MO	ION CF			1 . 5	NSIDE CITY IMITS? YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	MAC ST		101.	ZIP CODE		10g. CITIZEN	OF WHAT C	OUNTRY?	
BY FUNE	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		city Guban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No.— 14.	71	erican Indian, i, atc.	
ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elamentary/Secondary (0-12) Co		Give kind of wor	k done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUST	RY	<u> </u>	
G.	7.	7	DREMA	لم	** ***********	LUMB	ER 1	ARD		
E COS	17. FATHER'S NAME (First, Middle, Lest)	SITTINGER			18. MOTHER'S NA	E O'BR	IAN			
TO BE	19a, INFORMANT'S NAME (Type/Print)	TINGEL		DDRESS (Street ar	nd Number or Rural F	Foute Number, City or Tow	n, State, Zip Coo	b. Z/	224	
	20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removat 4 Donation 5 Other (Specify)	from State 20b. PL	ACE OF DISPOSIT	ION (Name of cert	netery, crematory or		CATION — City	or Town, St	Üλ.	-
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	Harde k	TO THE STATE OF TH	22. NAME AN	DA FH	2829 H	DOSOL	57		
	23. PART I. Enter the diseases, or comp shock, or heart fellure. List IMMEDIATE CAUSE (Final			antar tha mod	da of dying, auc	h as cardiac or resp	retory arrest		Approximata interval Betw Onset and D	reen
	disasse or condition resulting in death) a	DUE TO (OR AS A CO	ONSEQUENCE OF):			ARCTION			same o	Z
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO		true	4 DISE	Asiz		+		
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):					+		
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions co				g cause given in	Part I. 24s. WAS AN PERFOI	RMED?	AMAIL. COMP DF DE	AUTOPSY FINDI ABLE PRIOR TO LETION OF CAUS ATH? YES 2 K NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
YSIC	1 - YES 2 NO 1	OSPITAL: Inpetient 2 - ER/Outpetie	ent 3 DOA 4		e 6 🗆 Raaldenca	6 Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	YF WO	URY AT RK? /ES 2 NO	26d. DEŞCRIBE HOW	NJURY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, factory, office	•	26f. LOCATION (Street City or Town, State,	and Number or i	Rural Route A	lumber,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O							euse(s) and	manner as state	ıd.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- ma			29c. LICENSE NUI		29d. DATE SI	GNED (Mont		

29b. SIGNATURE AND TITLE OF CERTIFIER Maken A Switting MD

034484

29d. DATE SIGNED (Month, Day, Year) 5-12-90

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

SCUTT MANTAH A TI M.D

31. DATE FILED (Month, Day, 16 '90 32. REGISTRANS SIGNATURE
Acha Navidson Pandall

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR 6/7/90 Kann CERT	PARTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) /		2. DATE OF DEATH	3. TIME OF DEATH
Gertrude KichArdson Golding	Richardson	3 29 1990	520pm m
4. SOCIAL SECURITY NUMBER 235-30 - [830 1 - M 2 X F 90 8 9 YF	MONTHS DAVE HOUSE MIN		BIRTHPLACE (State or Foreign
Sa. FACILITY NAME (If not Institution, give street and number)	96. CITY, TOWN OR LOCATION OF D	EATH 9c. GOUNTY	1
BON SECULAS EXTENDED CARE FACILITY RESIDENCE OF DECEDENT	Ellicott City	HOWA	KO(
HOWARD Pocahontas &	CITY, TOWN OR LOCATION	rlinton	10d. INSIDE CITY LIMITS? 1 YES 2 NO
2645 ORCHARD AVENUE Seneca	101. ZIP/CODE 21043	3-24954 US	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	RACE — American Indian, Black, White, atc. Specify: White
(Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPATION of of work done during most of working OT use retired.)	16b. KIND OF BUSINESS/INDUST	TRY
Elementary/Secondary (0-12) Business College Book	Geper Housewite		
Joseph Golding Bitting Gol	ding Jenn	AME (First, Middle, Melden Surname) 18 Clemens M	oore
Jenny Meseke 196. MA	LING ADDRESS Street and Number of Rural	Route Number, City or Town, State, Zip Cool	cott city 1043
20s. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	SPOSITION (Name of cemetery, crematory or	20c. LOCATION - City MARCINT	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	Mounty FywerAl	100 EN 10
23. PART I. Enter the diseases, or complications that caused the death. ahock, or heart failure. List only one cause on each line.	Do not antar the mode of dying, au	ch as cardiac or respiratory arrest	Interval Between
disease or condition resulting in death) a. Ceneuro vaccu DUE TO (OR AS A CONSEQUEN	lar accident		Weeks
a athero solerer	v		years
If any, leading to immediate cause. Enter UNDERLYING	CE QF):		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	CE OF):		
PART II. Other aignificant conditions contributing to death but not result	ing in the underlying cause gloss is	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
TAIL IN CITE AND ADDRESS CONTINUENTS TO GREAT DUT HOT TESSEE	my m the Uniterlying Cause given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
		_	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATH (C		
1 ☐ YES 2 ☑ NO	TIME OF 28c, INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR	NEO .
Ratural 5 Pending	M 1 YES 2 NO		
3 Suicide 8 Could not be determined 28e. PLACE QF INJURY — At home, find the building, etc. (Specify)	arm, street, factory, office	281. LOCATION (Street and Number or in City or Town, State)	Hural Houte Number,
29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death of the best of my knowledge, death of the best of axamination and/or investigation.			
S. Minchew, M. D.	29c. LICENSE NI	7 9 3	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	& ELLICOTT CI	ty MD
31. DATE FILED (Month, Day, Hear) MAR 3 0 90 32. REGISTRAR'S SIGNATURE Fishia Davidson-Range			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MAR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27—Surs after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	ITEM: 7 MADE AT HEA	LTH DEPI	-									91		6597	1
	G-664 6-15-90 cm	OT4TE OF 1								111/01511		50		0051	
	1 - STATE REGISTRAR	SIAIE UF	/ MARYLAND CE			I UF HI E OF			MENIA	REG. NO.	Ė				
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DEA		2. DATE	OF DEATH			3. TIME	E OF DEATH	-
	Stephen		Michae!	1 9	pald	ling	Jr		MONTA 5-2	9-90	Υ	YEAR	1:	50PM w	d
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	la I	8. BIRTHI	PLACE ((State or Foreign	_
	212-14-1971	1 X M 2 F	18	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	14-15	2	Mar	้งใล	nd	
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN O	R LOCATIO	ON OF DE				TY OF DE	,		-
Œ	Morganza, Maryl	and				Morganza				St. Marys			s C	ountv	
DIRECTOR	RESIDENCE OF DECEDENT														
	10a. STATE 10b. COUNTY					OR LOCATI							tod. IN	ISIDE CITY MITS?	
□	Maryland St.		Me	chan	icsv	ılle	<u> </u>					1 🗆 Y	res XX NO		
FUNERAL								E			,	ZEN OF W	HAT CO	OUNTRY?	
買	#2 County Oak Roa						206	59			U.	SA			
	11, MARITAL STATUS (XX) Never Merried 2 Merried		IT EVER IN U.S. ARI		13.					l? (Specify Yee Ricen, etc.)	or No-	14. RACE Bleck	- Ame	ericen Indien, , atc.	
Β	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TYES	2 🛛 💢 🔿	Specify	y:			Specifi	ite		
	15. DECEDENT'S EDUC	CATION	16e, DE	CEDENT'S	USUAL C	CCUPATIO	N		16b	. KIND OF BUS	INESS/IND		100		_
	(Specify only highest grade	completed)	(GI	ve kind of Do NOT u	work done se retired.)	during mos	st of working	ng	100	. raite of boo					
=	Elementary/Secondary (0-12)	Conege (1-4 or 5	Asst. Stock Mai						l _R	etail	Lumbi	er Ya	ard		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAMI									01 11	<u> </u>		-
	Stephen M. Spaldi	ng, Sr.							y Ann Mauney						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow.								Code)			No.	
5	Stephen M. Spaldi	ng, Sr.	#	2 Co	unty	Oak	Rd.	, Me	chan	icsvil	le,	Md. 3	206	59	
	20a. METHOD OF DISPOSITION TO Burlel 2 Cremetion 3 Remo		20b. PLACE	OF DISPO	SITION /N	ame of cem	netery, cren	natory or		_	CATION -				_
	1 A Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from State	Trini	ty M	emor	ial	Gard	ens		Wal	dorf	. Md			
	SERVICE OF THE PARTY OF THE PROPERTY OF UTC	ENSEE	_			NAME AN	D ADDRE	SS OF FA			11		-		_
	Huntt Funeral Home P. O. Box 156, Waldorf.							0 14			0154				
	23. MATH. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as c							oh as can	diac or read	ratory an	reat.		-U.L.56 Approximate	_	
	`ahock, or heart fallure. List only one cause on each line.														
	IMMEDIATE CAUSE (Fine)	Malti											1	Jileet alla Deati	
	disease or condition resulting in death) e. Multiple injuries Due TO (OR AS A CONSEQUENCE OF):									\dashv		-			
-															
RTIFICATION	Sequentially list conditions, If eny, leading to immediate Due TO (OR AS A CONSEQUENCE OF):									_					
CA	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury														
E	thet initiated events	DUE TO	OR AS A CONSE	OUENCE C	F):										
E	resulting in death) LAST	d													_
LC	PART II. Other significant condition	s contributing to	daath but not r	resulting	In the u	nderlying	cauae	alven in	Part I.	24a. WAS AN	AUTOPSY	24b	WERE	AUTOPSY FINDINGS	-
CA								11111111111	0.000	PERFOR			COMPL	ABLE PRIOR TO	
MEDICA										TEPTES 2	. □ NO		DF DE	ATH? YES 2 NO	
									_				1 -1	TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF S	DEATH (C)	heck only o	ne)					_
S	EXAMINER? XXXXYES 2 \(\square\) NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE						SC	ene			_
Ĭ	27. MANNER OF DEATH	26e. DATE O	F INJURY	26b. T/I	WE OF	26c. INJ	URY AT	esidelice		SCRIBE HOW I					-
1 -	1 Natural 5 Pending Investigation	5-29-	Day, Year) 90		6PM	1 🗆 1	PRK?	NO NO	Dac	senger	in a	auto	/fis	vod obje	
D BY	Accident trivestigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At he			ctory, office			26f. LO	CATION (Street	and Number	r or Rural I	Poute No	umber, impac	7
Ш	4 Homicide determined	ouliding	, etc. (Specify)		roa	d				ganza,				County.	
۲	29e. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	of my knowledge, de	eth occur			end plece	e, end due			9235	11111111111		- Vanitary a	_
COMPLET	(Check only one) XXXX MEDICAL EXAMINE												and n	nenner as stated.	
_	29b. SIGNATURE AND TITLE OF CERTIFIE	4 (1)	1	1			29c, LIC	ENSE NU	IMBER		29d. DA1	TE SIGNET	(Month	n, Day, Year)	_
BE	War F. C	Adl 1	A Land	1				OCME			•		-30-		
2 30 NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (TEMOST) (Sing Print)											_				

Mario F. Golle, Jr.,MD 111 Penn Street, Baltimore, MD 21201

VC

JUN 0 4 90

32. JEGISTRABIS SIGNATURE Julia Davidson-Randall

LAND 21203-3146

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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3. TIME OF DEATH arco athorino mia 7. DATE OF BIRTH
(Month, Day, Year)
July 29, A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign MONTHS DAYS Illinois 217-10-2911 1 M 2 F 91 1898 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH Fahrner Kon MESIDENCE OF DECEDEN DIRECTOR toc. CITY, TOWN OR LOCATION 10e. STATE HOE PISIDE CITY Maryland Washington Boonsboro t YES 2X NO 10e. STREET AND NUMBER FUNERAL tof. ZIP CODE tog, CITIZEN OF WHAT COUNTRY? 21713 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indien, Black, White, etc. FORCES? 1 YES 2 2 X NO 1 Never Merried 2 Merried 1 TYES 2 NO Specify: Specify BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) Collage (1-4 or 5+) Home Service Representative Potomac Edison Co. 12 4 once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te Christian Margaret Jenkins Schmidt BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Martha G. Roessner 511 Gordon Circle, Hagerstown, Maryland 21740 20s. METHOD OF DISPOSITION
1 Wenter 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Glendale Cemetery Washington, Tazwell Co, Ill 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc. · R. hoel-40 E. Antietam St., Hagerstown, Md 21740 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by Approximata interval Between 10 **IMMEDIATE CAUSE (Final Onaet and Death** the cremation, disease or condition 4-5day Dely dration recuiting in deeth) event, DUE TO (OR AS A CONSEQUENCE DF): E00 Hygiene prior to burial, CVA 2 wuts traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING ndlng physician CAUSE (Disease or injury or other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Mental H injury, PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and I PERFORMED? AVAILABLE PRIOR TO shows any MICYD COMPLETION OF CAUSE OF DEATH? t YES 2 HO 1 TYES 2 NO 6 has been Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH (Check only one) Hem State certificate HOSPITAL OTHER: 1 YES 2 WHO 1 | Inpetient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 4 THURS the 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 25b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED marked. with this t Histurel 5 Pending investigation М 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 3 Suicide 5 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. FUNERAL I IMPORTANT: If 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 調料計 VM-TERET MO D18019 5-2890 2 2 3 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21740 334 MILL ST HAGERSTOWN MD VASANT DATTA MO JUN 04 90 32. REGISTRAR'S SIGNATURE Pulia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SCHMIDT

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2. DATE OF DEATH

MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	T) a	P. I	3	atic
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in	be filed written 72 hours are death with the state Dept. of neatiff and merital hypere prior to buriar, defination, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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	FOR STATE REGISTRAR	STATE OF MARYLAND / 1		OF HEALTH AND	MENTAL HYGIEN	E			
		SAUNDERS			2. DATE OF DEATH	990 YEAR	3. TIME OF DEATH		
·	218 30 9709 1	SEX 6. AGE (In yrs. lest 84	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) Dec. 22,1				
DIRECTOR	9e. FACILITY NAME (If not institution, give street Clearview Nursing			gerstown	EATH	9c. COUNTY OF I			
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OF	LOCATION			10d, INSIDE CITY		
		ngton	Clear	Spring			LIMITS? 1 YES 2 XNO		
FUNERAL	12234 St. Paul's I	10g. CITIZEN OF	WHAT COUNTRY?						
CNE		WAS DECEDENT EVED IN II S ABM	NED 13. W	21722 AS DECENDENT OF HISPAI		or No.— 14, RAC	E — American Indien,		
BY	1 Never Married 2 Merried 3 Never Married 4 Divorced	FORCES? 1 YES 2 NO. IF YES, GIVE WAR OR DATES	1	yes, specify Cuben, Mexica YES 2 XNO Specif		100000	hite		
TED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Giv	EDENT'S USUAL OC e kind of work done di Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLET		Ollege (1-4 or 5+)	nousewife						
OM	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Melden	Surneme)			
BE (Howard R. Pompe				Wilkinson				
10	196. INFORMANT'S NAME (Type/Print) Ronald Saunders	195.	2246 St.	(Street and Number or Rural Paul's Rd.,	Route Number, City or Town Clear Spi	n, State, Zlp Code) ring, Md	1. 21722		
	20a. METHOD OF DISPOSITION 1	from State 20b. PLACE Cother place Rest	Haven C	e of corretery, crematory or		cation - city or t			
a	21. SIGNATURE OF FUNERAL SERVICE LICENS		22. N	AME AND ADDRESS OF FA	CILITY	90.00	,		
4	15 STO	Minney	//	NNICH FUNER 5 E. Wilson		garetorm	Md 217/0		
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or complication resulting in death) But to (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximata interval Between Onset and Death Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. All larger Larger								
IAN	25. WAS CASE REFERRED TO MEDICAL	the state in	a agrassi	26. PLACE OF DEATH (C)	neck only one)	92-			
PHYSICIAN:		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nurs	ing Home 5 - Residence	6 Other (Specify)				
BY PH	27. MANNER OF-DEATH 1 Natural 5 Pending 2 Accident Investigation	28e, DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, fecto	ry, office	28f. LOCATION (Street City or Town, State)		Route Number,		
Section of the building, stc. (Specify) 4 Homicide Coly or fown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause of									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Theol West		29c. LICENSE NU	MBER	29d. DATE SIGNE	O-(Mopth, Day, Year)		
TO	30. NAME AND ADDRESS OF PERSON WHO CO	D. 1190 Mt	Letna R	1 Hages	than Mi	2179	0		
	31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGNATURE	አ • •	33	, , ,	-1/			
	JNN 04 '90	grelia Davidson	-gandell						

3. TIME OF DEATH

the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOX 13146, P.0. DIVISION OF VITAL RECORDS,

24 hours after death. Page 6 may be retained by executed within requires that the death certificate be ME DR ATTENDING PHYSICIAN: The HOSPITAL

3.30a Joseph Francis
4. SOCIAL SECURITY NUMBER Sewell 05 27 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH S. BIRTHPLACE (State or Foreign MONTHS DAYS 1 🗌 M 2 🗌 F HOURS 59 YRS. 131 9a. FACILITY NAME (If not institution, give street and number) Marvland 03 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ion, or removal. 9c. COUNTY OF GEATN 95 CITY TOWN OR LOCATION OF OFATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 V YES 2 | NO Maryland Charles Hughesville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Post Office Box 20637 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2/TYNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 TO Specify Specify: BY 3 Wildowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) Heavy Eqmt. Saw Milling Operator be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Henry Sewell Mary Matilda Wade 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Thlema E. Sewell 96. Box Hughesville Maryland 20637 20a. METHOD OF DISPOSITION

1X Buriel 2 Cremation 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must Donation 5 Other (Specify) Cath. Ch. Cem. Bryantown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Adams Funeral Home, P.A. Aquasco Road. Aquasco. 20608 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition CARcinomA-Kidney completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): nding physician and con Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: State Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem certificate OTHER: 1 YES 2 NO etlent 2 ER/Outpetlent 3 DOA me 5 - Residence 6 - Other (Specify) marked, or the 27. MANNEB OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 28b. TIME OF with this 1 Natural 5 Pending investigati 1 YES 2 NO ВҰ death After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be DIRECTOR: A 2 hours after d .00 ED 4 Homicide ᆸ 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL within 72 h IMPORTANT: If 2 MEDICAL EXAMINER: On the banks of ax on and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 포포 " will 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH TICEM 27) (Type, Print) DryMukesh Mathur Prince Frederick Md 20678 31. DATE FILED (Month, Day, Year) Lulia Tavidson-Rendell JUN 05 **'90**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

JOSEPH FRANCIS SEWELL.

2. DATE OF DEATH MONTH

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

1 - STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 1314	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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	SPITAL

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	9	1. DECEDENT'S NAME (First,	Middle, Last)	Irene	Cle	irice	Sh	upe			2. DATE MONTH	OF DEATH DA	Y .	YEAR	3. TIME OF DEATH
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	Ī	4. SOCIAL SECURITY NUMB 214-26-6435		5. SEX		yrs. last birthd	MONTH	DER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH I, Day, Year)		Countr	
<u>8</u>	_			1 M 2 X F	67	YR					Mar.	17,19			st Virginia
3 should		99. FACILITY NAME (If not institution, give street and number)					SE CITY, TOWN OR LOCATION OF DEATH Wayre de Grace					9c. COUNTY OF OEATH			
2	DIRECTOR	Hartord Memorial 2059.				H.	24 L 6	96	60	92D		Harford			
es 1.	EC	10e. STATE 10b. COUNTY			10c.	10c. CITY, TOWN OR LOCATION						10d. INS			
. Pag	H	Maryland Harford				H	avre	de G	race				LIMITS? 1X YES 2 □ NO		
as the burial-transit permit. Pages 1.		10e. STREET AND NUMBER						10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
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ial-tra	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES				U.S. ARMEO 13. WAS DECENDENT OF HISPAN 15 yes, specify Cuben, Mexica							or No-		E American Indien, k, White, etc.
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the attending physician and completely filled in by the funeral director, page 5 should be detached. Mental Hyglene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must be notified at once.	COMPL	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, A	Middle, Meiden			
b ed	ш	Farley	- Be	avers					Peg	19y	Mar	garet	Mu	llin	S
5 should notified	00	19e. INFORMANT'S NAME (7										ber, City or Town			
e 5 s	2	Joseph M. Sl	hupe			505	Cong	gress	Aven	ue,	Havr	e de G	irace	, Md	. 21078
f, page st be		20a. METHOD OF DISPOSIT 15 Buriel 2 Crematic	ION	oval from State	20b.	PLACE OF OIS other place)	POSITION	(Name of	cemetery, crer	metory or		20c. LO	CATION -	City or To	wn, State
rector,		4 Donation 5 Dother	(Specify)	<u> </u>		el Ai						Be	el_Ai	r, M	d.
tuneral di examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE					AND ADDRE			TTT	· · · · ·	-1 II	(cmc D 7)
e fun exar		Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009													
d in by th or remova medical		23. PART i. Enter the d					o not er								Approximata
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the		disease or condition													
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signed by the Health and Pows any In	OICA											1 TYES 2			COMPLETION OF CAUSE OF DEATH?
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cate has State De Item 2	SICIAN:	25. WAS CASE REFERRED J EXAMINER?	O MEDICAL	HOSPITAL:			Lori		PLACE OF C	DEATH (Ch	eck only or	10)			
rtifica he Sta or It	lS.	1 🗆 YES 2 🕽 NO		1 Inpatient 2	ER/Outpa	itient 3 🗆 Do		HER: Nursing H	ome 6 🗆 R	esidence	6 🗆 Othe	er (Specify)			
vith th	РНУ	27. MANNER OF OEATH Netural 5	Pending	28e. DATE O (Month,	F INJURY Day, Year)	285	TIME OF		NJURY AT WORK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
fter this c eath with marked,	à l	2 Accident	Investigation	40 01 100					YES 2	NO					
after di	요	3 Suicide a 4 Homicide	Could not be determined	building	, etc. (Specif	— At home, fi	rm, street,	factory, of	Tice			or Town, State)		or Rumai	Route Number,
DIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 Is marked, or Item 23 is	ᇤ													_	
보이는	MPL	one)		ICIAN: To the best of											
FUNERAL within 72 ITANT: If	00	2 MED	ICAL EXAMINE	ER: On the basic of	examination	end/or Invest	getion, in i	my opinior	i, death occu	ired at the	time, date	end place, er	nd due to th	ne cause(e) end manner es stated.
HE FI	BE (29b. SIGNATURE AND TITLE	E OF CERTIFIE	RD C	-	(b	- 3	11. F		ENSE NU			29d, DAT	E SIGNE	(Month Day, Year)
TO THE FUNERA be filed within 7 IMPORTANT: 1	5			1 Dhan	110	K		4.L	1) 1:	513	2			0/	T 170
		30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETEO CA	USE OF DEA	27)	Type, Print)								
		24 DATE EH 50 (44	Mort	1 00 050107	A DIO CION	TUDE									
		31. DATE FILED (Month, Day,	90	32. REGISTE	Taris SIGNA	Donda	00.5								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 45 10 1106 28. 1990 May 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS HOURS 219-46-1001 1 🗌 M 2 🙀 F 86 VDS 1903 Virginia Sept. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 10s, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 717 W. Washington Street 21740 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indien, Black, White, stc. 1 Never Merried 2 Merried 1 TYES 2 X NO Specify BΥ 3 Widowed 4 Divorced white COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) homemaker home 6 years 17, FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) William Benjamin Franklin Booth Armittie Catherine Rittenour BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Nancy P. Brown 1151 Kuhn Avenue Hagerstown, Maryland 20e. METNOD OF OISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Hebron Cemetery tenation 5 Other (Specify) Winchester, Virginia 22. NAME AND APPRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Interval Between shock, or heart feilure. List only one cause on each ilne. Onset and Dasth IMMEDIATE CAUSE (Final disease or condition resulting in death) QUE TO (OR AS A CONSEQUENCE OF): Macroglobulinemia aldenstroms PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) OTHER 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 8 - Residence 8 - Other (Specify) 27. MANNER-OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) AMPhe ober 31. DATE FILEO (Month, Day, Year)
MAY 30 32. REGISTRAD'S SIGNATURE Julia Davidson-Randalle

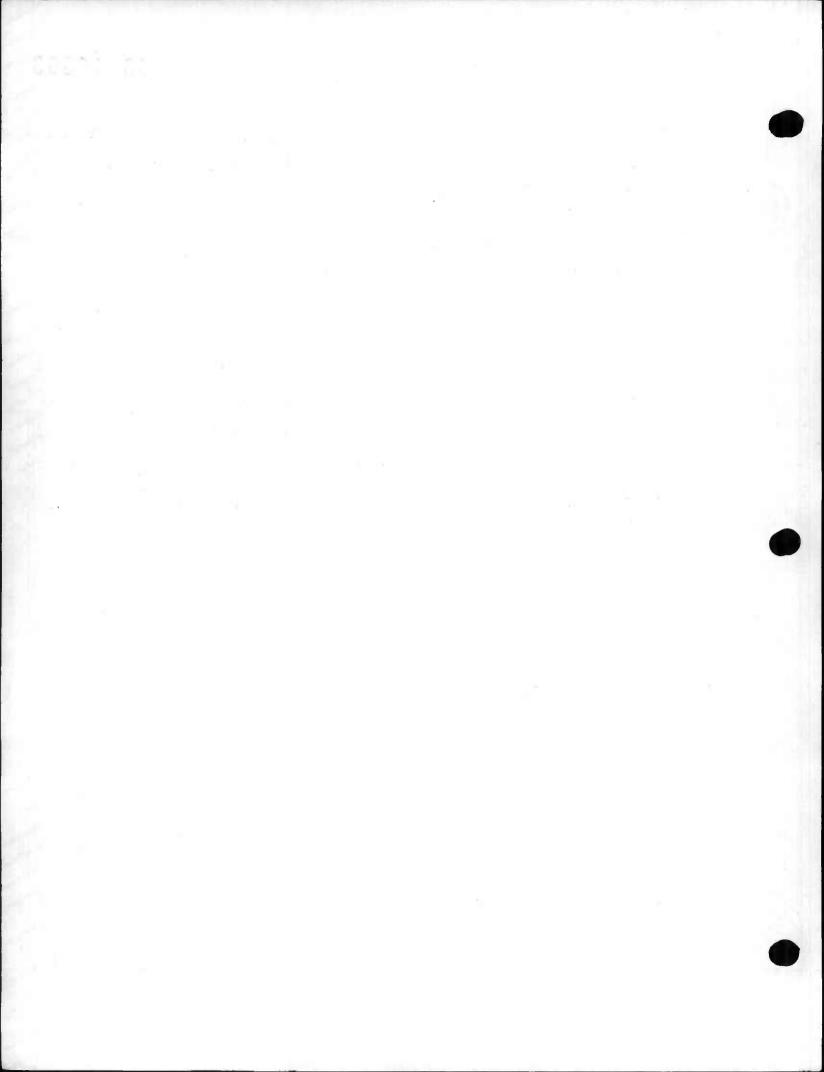
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to have the funeral director, page 5 should be detached to have the funeral director, page 5 should be detached to have the funeral director, page 5 should be detached to have the funeral director.	be filed within 72 hours are death with the State Dept. Or regall and mental hypere product control, or removed. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
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9	Page 2	3 5
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HYS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill	ced,
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STATE OF MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OI	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE					
	1. DECEDENT'S NAME (First, Middle, Last)			7.12		2. DATE OF DI	EATH DAY	YE	AR	TIME OF DEATH		
	MARTHA MOORE TAYI					May 28				3:03 a.m. M		
		MONTHS DAYS HOURS MIN (Month, Day, Yea						r) Country)				
		215-46-4121 1 M 2 XF 45 YRS. March							31, 1945 Richmond, Va.			
Œ												
25	RESIDENCE OF DECEDENT							Prince George's				
DIRECTOR							10d. INSIDE CITY LIMITS?					
	Maryland Prince	nbelt				1 X YES 2 NO						
FUNERAL	18-U Ridge Road				ZIP COOE			10g. CITIZEN OF WHAT COUNTRY?				
NE.		12. WAS DECEDENT EVER IN	U.S. ARMED		20770 ENDENT OF HISPAN	IIC OBIGIN? (So	acify Year	U.S.		American Indian.		
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	cify Cuban, Mexical 2 NO Specify	n, Puarto Rican,			Black, V Specify:	Vhite, etc.		
BY	3 Wildowed 4 X Divorced				A in opening	,-			ороску.	White		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S US (Give kind of wor	rk done durina mo	N st of working	16b. KIND	OF BUSI	NESS/INDUST	RY			
Ë		College (1-4 or 5+)	Me. Do NOT use i	,								
OMF	17. FATHER'S NAME (First, Middle, Last)	None	Secreta	ary	16. MOTHER'S NAI	NASA						
	Harold G. Moore				Vivian (urraney				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F			State, Zip Coo	to)			
5	Marian Carle (Sis	ster)	18-U Ri	dge Ro	ad, Green	nbelt.	Marv	land	207	70		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	20b.	PLACE OF DISPOSIT					ATION — City				
	4 Donation 6 D ofther (Specify)	7 F	ort Linco	1n Cem	etery		Bren	twood	Ма	ryland		
	21. SIGNATURE OF FUNDRAL SERVICE LICES	サ / ム し	/		of Gasch's		Funo	wol U.	2000	D A		
	- your /	7/000	du	1739 B	altimore	Ave. H	vatt	sville	Me,	d. 20781		
	23. PART I. Enter the diseases, or co									Approximate		
	ahoék, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition											
	resulting in deeth) a.	Kespira	10x 1	ornr								
	DUE TO (OR AS A CONSESS/ENCE OF											
CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONTEQUENCE OF):											
CAT	cause. Enter UNDERLYING											
E	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
HH	resulting in death) LAST											
AL C	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
2		Sepsis.					PERFORM		C	MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?		
MEDIC										YES 2 NO		
ż												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)						
IXSI		1 Finpatient 2 KER/Outpa	Itlent 3 DOA 4	Nursing Hon	ne 5 🗆 Residence							
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	PURY AT PRICE 2 NO	28d. OESCRIB	E HOW IN	JURY OCCUR	EO			
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— Al home, farm, str			28f. LOCATION	N (Street an	nd Number or i	Rural Rou	rte Number,		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Special	(y)			City or Tov	wn, State)					
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	IAN: To the best of my knowle	edge, death occurred	at the time, date	and place, and dua	to the cause(a)	and menn	ner as stated.				
COMPL	onel Chily	On the basis of examination							ause(a) a	ind menner as stated.		
C	296. SIGNATURE AND TITLE OF CERTIFIER	W	name.		29c. LICENSE NUI	MBER	Т			fonth, Day. Year)		
0		JAS J			D2428	3		▶ 5.	28.	90		
2	30. NAME AND ADDRESS OF PERSON WHO M. YUSUF 345	COMPLETEO CAUSE OF DEA	ATH (ITEM 27) (Type, F	Coro	(Law	rel 1	40	207	07	7 -		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA					•					
	JIN 01'90 9	hilia Davidson-Ra	ndell									





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BALTIMORE, MARYLAND 21203-3146

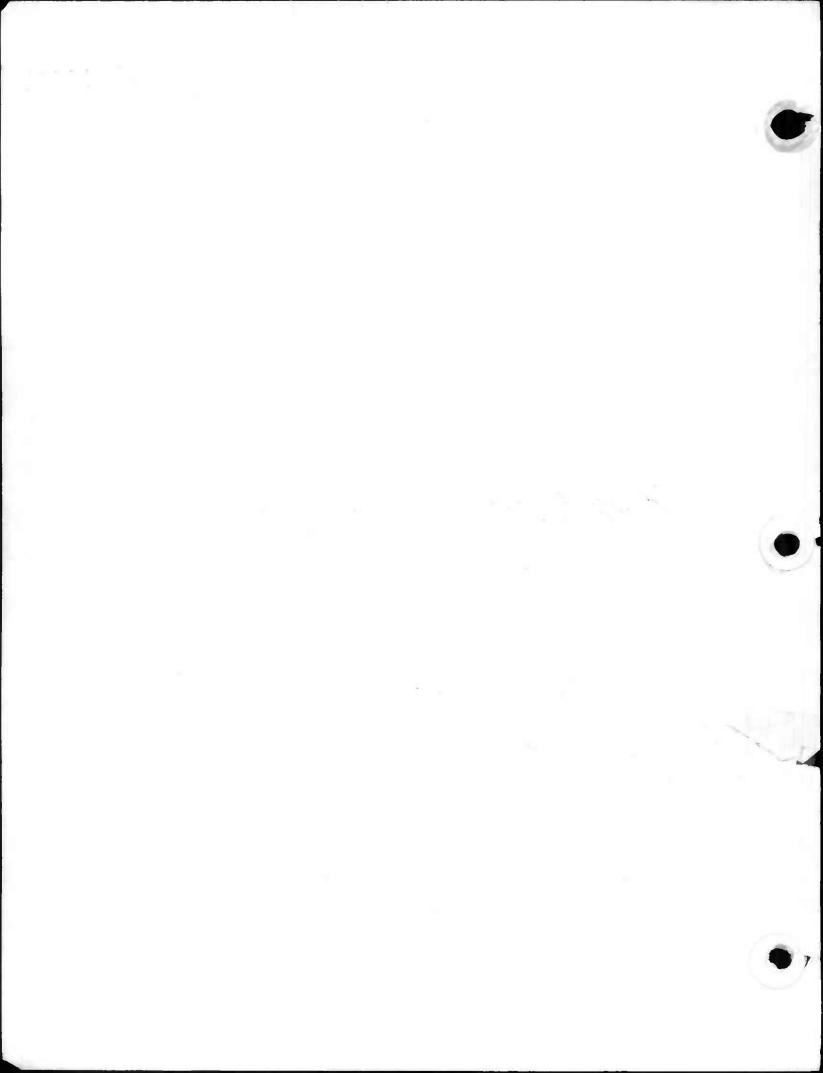
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed ww.

ID THE FUNERAL DIRECTOR: After this certificate, has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13141

_	REGISTRAR		CERTIF	ICALE	PF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF DEATH	
	MARGARET C	, SWAN	MARGARET	C. SWA	N	05 2	9 90	6 Amy M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	i. AGE (In yrs. lest birthday)	WONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign	
	578-03-0683	1 M 2 XF	75 YRS.	WORTHS DA	a HOURS MIN.	5/16/15			
	9a. FACILITY NAME (If not institution, give s	treet and number)	9b. CITY, TOV	VN OR LOCATION OF D	9c. COUNTY O				
H	Holy Cross Hospi	tal	Silve	er Spring,	Md	Montgomery			
5	RESIDENCE OF DECEDENT				_				
H	10a, STATE , 10b. COUNT	and the second	10c. CIT	ry, town on Lo	CATION 300 St	. Lawrence	Drive	10d. INSIDE CITY LIMITS?	
0	MD Mon	ntgomery	Si	lver S	oring, Mar	vland	1 ☑ YES 2 ☐ NO		
AL	10e. STREET AND NUMBER		197	101. ZIP CODE	11-2-3-01	10g. CITIZEN C	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	300 Saint Lawrence	e Drive		20910		USA			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, Black, White, etc.	
	1 Never Married 2 Married	IF YES, GIVE WA	YES 2 NO		yes 2 NO Specific		5.0	poorly: White	
В	3 Widowed 4 Divorced	<u> </u>				illian in the			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	Work done during	PATION g most of working	16b. KIND OF BU	SINESS/INDUSTR	IY .	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	1					3.6	
N P	0-12		Home	emaker					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)		
BE	Everett Carpent	er			Unkr	iown			
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
۴	Raymond H. Swan		300	Saint	Lawrence	Drive, Sil	ver Spr	ing, Md	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	ovel from State	20b. PLACE OF DISPO	SITION (Name of	f cemetery, crematory or	20c. LO	CATION — City o	r Town, Stata	
	4 N Donation 5 Other (Specify)		Georgetow			School Wa			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22_NAM	E AND ADDRESS OF F	aciuty Ison Funera	1 Home	Inc	
	The state of	9-1)	11.2.			pe Road, S			
- 1	23. PART I. Entar the diseases, or	compliant has bet	coursed the death. Do					Approximate	
	shock, or heert fellure.	List only one caus	e op each line.	. 1	mode of dying, ad		matory arrest,	Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	T. 110	/ (D. 1	Vanni	1 1	+1/1+	_	Onset and Death	
	resulting in deeth)	· VH	yworul	vusciu	u necessi	en / ucul		Thour	
		DUE TO (C	A CONSEQUENCE	8				110	
O	Sequentially list conditions,	b. Cherry	My Myran	Lau.				MARROWN	
ATI	If any, leading to immediate cause. Enter UNDERLYING	552.10 (on no n conscoulton	DF)					
EIC.	CAUSE (Disease or injury that initiated evants	c. DUE TO (C	OR AS A CONSEQUENCE (OF):					
Ē	resulting in deeth) LAST			•					
CERTIFICATION		d				200			
	PART II. Other significant condition	ns contributing to d	leath but not resulting	In the under	lying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	Willsioschratic	Heart	Disease MH	Th Car	oliac	1 ☐ YES	./	COMPLETION DF CAUSE OF DEATH?	
	Enlargenet	and att	in fibrica	tu:	and the same of th	A Comment		1 YES 2 NO	
Σ.	- therefriend	- 00 VICT - V	the Jan seus	- Cup	1	100			
AN	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C	Check only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	Home 5 Residence	& Nother (Specific)	oly Cro	ss Hospital	
H	27. MANNER OF DEATH	28a. DATE OF I	NJURY 26b. TI	ME OF 280	: INJURY AT	28d. DESCRIBE HOW			
	1 Natural 5 Pending	(Month, Day	(, Year)	M 1	WORK?	178			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At home, farm,			28f. LOCATION (Street	BI. LOCATION (Street and Number or Rural Route Number,		
2	4 Homicide 6 Could not be	bullding, e	tc. (Specify)			City or Town, State)		
COMPLET	29a. CERTIFIER								
MP	(Check only	-	ny knowledge, death occur						
Ö	2 MEDICAL EXAMIN	EN: On the basis or ald	imination and/or investigat	юп, іп ту орин	on, death occured at tr	ie time, data and place, a	nd due to the cal	use(s) and manner as stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIE	ER/			29c. LICENSE N	UMBER	29d. DATE SIG	RNED (Month, Day, Year)	
	Clarge H	tilrau	un MD		191246	Maryland	Mac	129 1990	
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ.	A Prign	Λ	01/70	6 . 7		
	HARON H.	IRAUM	410 8915	6-e01	Ola Hue	Dilver o	DUDINO	Nd. 20910.	
	31. DATE PLED (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE	- /	3	/	0		
		Sulia David	Son-Randell						
	MAY 31 JU	0						DHMH-16 Rev 1/89	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the those the servificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burfal, cremation, or removal.	examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal. cremation, or removal.
	death. Page 6 may be retained by the host	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

										JU	16602
	1 - FOR STATE REGISTRAR	STATE OF MARYL		DEPARTMEN' RTIFICATI				YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	urmll	F	Smit	h		2. DATE OF O	DEATH DA	16	3.	TIME OF DEATH
	(Month Day Year) Cour							Country	MCE (State or Foreign Ington, D.		
	9e. FACILITY NAME (If not institution, give stre			9b. CITY	, TOWN O	R LOCATION OF DE		20	9c. COUNT		
DE	Washington Adventi	st Hospital	-						<u> </u>		
DIRECTOR	10a. SYATE 10b. COUNTY			10c. CITY, TOWN							d. INSIDE CITY LIMITS? XYES 2 NO
AL	100. STREET AND NUMBER			Wash	ingt	ZIP CODE		-	10g. CITIZE		T COUNTRY?
FUNERAL	5320 9th St., N.W	•				20011			U.	S.A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 X NO		If yes, spe	ENOENT OF HISPAN ecity Cuben, Mexicar 2 A NO Specify	n, Puerto Rican	etc.)		4. RACE — Black, W Specify: Black	Americen Indien, Thite, etc.
9	15. DECEDENT'S EDUCA (Specify only highest grade or	iTION ompleted)	16a. DECE	EDENT'S USUAL O kind of work done to NOT use retired.)	CCUPATIO during mos	N at of working	16b. KIN	D OF BUS	SINESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		o NOT use retired.)		•		Priv	ate		
S	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAM			-		
핆	Marcellus Miles 19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	S (Street or	Jessi	e Wink	~		(note)	
인	Linda Haynesworth		1			t., N.W.					
	20a, METHOD OF DISPOSITION 1 iX Burlal 2 Cremation 3 Remov	rai from State	other place	e)		nal Ceme	terv		cation – ci		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				D ADDRESS OF FAC	CILITY				s Inc.
	Jan 11 B	Anh	_	7	16 K	ennedy S					
	23. PART I. Enter the diseases, Dr co shock, or heart failure. Li	inplications that cause	ed the deat	th. Do not ents	r ths mod	ds of dying, such	h as cardiac	or respi	iratory arre	st,	Approximate
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions.									He Drivet and Death	
	OUE TO (OR AS A CONSEQUENCE OF): Out to (OR AS A CONSEQUENCE OF): Out to (OR AS A CONSEQUENCE OF):								3401		
CERTIFICATION	Sequentially list conditions, if any, leading to immediats										3 (0.6
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQU	JENCE OFI:		baser				-	2 801
RTI	resulting in death) LAST	,		1907-0-04							
	PART /II. Other significant conditions	contributing to death	but not re	sulting in ths u	nderlying	cause given in	Part I. 24e	. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	PART A Other significant conditions	brillation				_	10	PERFOR	1	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME										1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (Ch	eck only one)			1	
SICI	EXAMINER?	HOSPITAL:	tpatient 3	DOA 4 Nu	R:	e 5 🗆 Residence	5 F-531 F-2	eclfy)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY		URY AT RK? 'ES 2 NO	28d. DESCRI	BE HOW I	NJURY OCCI	PRED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp		e, ferm, street, fac	ctory, affice		28f. LOCATIO City or To	N (Street wn, State)		r Runii Rou	'e Number,
MPLET	contain only	IAN: To the best of my kno									
ပ္ပ	2 MEDICAL EXAMINER 29b. SIGNATURE AND TYLE OF CERTIFIER	; on the pasts of examinati	on end/or in	vestigation, in my	opinion, d	eath occured at the		piace, er			Ionth, Day-thar)
) BE	12. 0 KL	Om i'm	0			D-2	0920)	DATE	5-/1	f/10
일	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	EATH (ITEM	27) (Type Print)			4-17	20	1773		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GUON, UL

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

isk permit.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tunnel director, page 5 should be detached for use as the burial-transit permit. Page 15 may 10 meters and the property of the complete of the page 15 should be detached for use as the burial-transit permit. Page 15 meters are property of the page 15 meters and the property of the page 15 meters are property of the page 15 meters and the property of the page 15 meters are page 15 meters are property of the page 15 meters are page 15 meters are property of the page 15 meters are page 15 meters
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DIVISION OF HOSPITAL OR ATTENDING PHYSICI. FUNERAL DIRECTOR: After this cert
DIVISION OF THE HOSPITAL OR ATTENDING PHYSICI. THE FUNERAL DIRECTOR: After this cert

		FOR STATE REGISTRAR	STATE OF MARYL			MENT OF I		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last	F	Sa	VO	4		2. OATE OF DEATH MONTH 5-29		EAR 540P. M	
		4. SOCIAL SECURITY NUMBER 215–24–0161	1- M 2 □ F	'In yrs. lest bli 54	YRS.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Rev. Year) 5—4—36		BIRTHPLACE (State or Foreign ASHINGTON, D.C.	
	5	98. FACILITY NAME (if not institution, give street and number) MALCOLM GROVE HOSPITAL RESIDENCE OF DECEMENT 96. CITY, TOWN OR LOCATION OF DEATH PRINCE GEO 97. COUNTY OF DEATH PRINCE GEO 98. CAMP SPRINGS									
	DINEC					LANDO			10d. INSIDE CI LIMITS? 1 X YES 2 [
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examiner must		20. METHOD OF DISPOSITION Source 2	R	other plays	1	ON CEME	ETERY LINSEFUNI	ERAL HOME,	INC.	MARYLAND	
medical exar	-	23. PART I. Enter the diseases, or comprications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between shock, or heart failure. List only one cause on each line.									
the in		ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	11 -	e art			Tholan	dioverse	eleVa	Interval Between Onset and Daath	
ry, or other traumatic event,	HILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
hows any injury,	MEDICAL	PART II. Other significent conditi	one contributing to death t	out not res	ulting in	the underlying	ng cause given in	Part I. 24s. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 XXO	
ed, or item 23 s	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 1 2 2 0 NO	HOSPITAL: 1 Inpatient 2 ER/Out	interior of F		OTHER:	PLACE OF OEATH (C/				
· 11 .	DI PRIV	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		286. TIME INJU	OF 28c. IN	JURY AT YORK? YES 2 NO	6 Other (Specify) 28d. OE\$CRIBE HOW	INJURY OCCUP	RED	
1 00 E	3	2 Accident Investigatio 3 Suicide 6 Could not b 4 Homicide determined	26a, PLACE OF INJURY	Y — At home	, farm, st	reet, factory, off	ice	28f. LOCATION (Stree City or Town, State		Rural Route Number,	
ANT: If Item 2	COMPLE	anal	YSICIAN: To the best of my know NER: On the basis of examination								
IMPORTANT:	4	29b. SIGNATURE AND TITLE OF CERTIF	Energyege	W			D-3	12 30	29d. DATE S	GIGNEO (Month, Day, Year) -27-90	
1		Augusto PROC	WHO COMPLETED CAUSE OF DE	1,50	79	Royl	nisself.	Co-Sar	md 2	0748	
		31. DATE FIND IN ONE. Day, Year)	32. REGISTRAR'S SIGN		dell						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last) Jame SOCIAL SECURITY NUMBER	es A	١.	Sh	nephei	J			2. OATE OF 0 MONTH 5-2	EATH DAY	YEA	A L	ME OF OEATH
SOCIAL SECURITY NUMBER			O1	rehner	Ľa			5-2	2-90		1	:55PM
27 28 3740	110	E (In yrs. las		IF UNDER 1 Y	\rightarrow	IF UNDER	MIN.	7. DATE OF B (Month, Day	(Year)		ountry)	E (State or Foreign
9a. FACILITY NAME (If not institution, give street and number) Doctors Hospital						TOWN OR LOCATION OF DEAT		TH 9c. COUNTY		9c. COUNTY C		
. STATE 10b. COUNTY	10b. COUNTY				LOCATIO	ON						INSIDE CITY LIMITS?
10e. STREET AND NUMBER			Landov			101, ZIP CODE					OF WHAT	
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15. OECEDENT'S EDUCATION			16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n			ITION 16b. KIND OF		D OF BUSI	Black BUSINESS/INDUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5+)				ired.)			Automotive					
17. FATHER'S NAME (First, Middle, Last) ALBERT SHEPHERD			18. MOTHER'S NAME (First, Middle, Meiden Surname) SUSAN GRADY									
I. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
20s. METHOD OF DISPOSITION			20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or					20c. LOCATION — City or Town, State				
		ARLIN	GTON						ARL	INGTON	,VA.	
M859 ALEXANDER S. POPE FUNERAL HOME								0020				
equentially list conditions,	Hypertensive arteriosclerotic cardiovascular disease Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								_				
PART ii. Other significent conditions contributing to death but not resulting				III Photosis Pool Pool Pool				PERFORM	MED?	COA OF	LE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? [MES 2 NO	
. WAS CASE REFERRED TO MEDICAL EXAMINER?												
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XMX Natural 5 Pending 2 Accident Investigation 28s. PLACE OF IN						M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route Number,			Number,	
4 Homicide determined				City or Town, State)								
29s. CERTIFIER CERTIFIER CERTIFIES CERTIF												
290. SIGNATURE AND TOTAL OF CERTIFIER								UMBER 29d. DATE			SIGNED (Month, Day, Year) 5-22-90	
NAME AND ADDRESS OF PERSON WH James Kaplan, MD	O COMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type, 1 Pen	Print) n Str	eet			ore,MD	2120			VC
	DOCTORS HOSPITAL SIDENCE OF DECEDENT STATE 10b. COUNTY 1 ryland Prince STREET AND NUMBER 906 Flagstaff St MARITAL STATUS Never Married 15. GECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9 FATHER'S NAME (First, Middle, Last) ALBERT SHEPHERD INFORMANT'S NAME (Type/Print) MA T. SHEPHERD INFORMANT'S NAME (Type/Print) MA T. SHEPHERD SIGNATURE OF INFRAL SERVICE LICE PART 1. Enter the diseases, Dr. of shock, Dr. heart failure. Inference of the sease or condition sulting in death) DONATOR OF DEATH AUSE (Disease or injury at Initiated events suiting in death) LAST ART ii. Other significent condition WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXES 2 NO MANNER OF DEATH MX Natural 5 Pending Investigation 3 Suicide 8 Could not be determined at Comment of the Comment	DOCTORS HOSPITAL SIDENCE OF DECEDENT STATE 10b. COUNTY Prince Georges STREET AND NUMBER 10906 Flagstaff Street MARITAL STATUS Never Merried 2 Married 12. WAS DECEDENT EVE FORCES? 1 MY 1F YES, GIVE WAR OF 15. 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DHMH-16 Rev 1/89

X	DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp to retain the death of death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the death-page 6 may be retained by the page 6 may be retained by the page 6 may be retained by the page 6 may be retained by the death-page 6 may be retained by the page -page 6 may be retained by the page -page 6 may be retained by the death-page 6 may be retained by the page n Fronte-LutterLour Anter unite State Dept. of Health and Merital Hygiene prior to burial. Companyon in common state Ceath with the State Dept. of Health and Merital Hygiene prior to burial. Certaridon, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR		CERTIFICATE O		MENTAL HYGIENI REG. NO.	E	10000			
	1. DECEDENT'S NAME (First, Middle, Frit) orence C. Sampson FLORENCE C. SAMPSON				2. DATE OF DEATH DA	9 98 0				
	4. SOCIAL SECURITY NUMBER	last birthday) IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)		THPLACE (State or Foreign intry)				
	9e. FACILITY NAME (If not institution, give street	and number)	9b. CTTY, TOW	OR LOCATION OF DE		9c. COUNTY OF	DEATH / L			
TOR	Dorchester General Cambridge Dorchester									
DIRECTOR	10e. STATE 10b. COUNTY	chester	10c. CITY, TOWN, OR LOS	EATION Ma	rket		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER	2611		101. ZIP CODE	cy cv	10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		ECENDENT OF HISPAN specify Cuben, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No — 14. RA	ACE — American Indian, ack, While, etc.			
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		ES 2 1 NO Specify		13	ack			
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OMPI	17. FATHER'S MAME (FIRST, MIGHIN, LAND)		Galore	18. MOTNER'S NA	ME (First, Middle, Malder)	Surname)				
H	190, INFORMANT'S NAME (Typo/Print)	n	19b. MAILING ADDRESS (Street	Lille	E & Prik	n State 7 to Code)	mper			
٩	Mattie Thomps	m	Boy 280 Rt.	42 Cam	bridge	mit	.21613			
	20a. METHOD OF DISPOSITION 1	ml from State 20b. PL/	NCE OF DISPOSITION (Name of projects)	cemetery, cremetory or	Ea	CATION - City or Dew	Market me			
	21. SIGNATURE OF FUNERAL SERVICE LICE	SEE A	25 NAME	AND ADDRESS OF FA	CILITY 2 Z	1. 1	21			
	23. PART I. Enter the diseases, or co			noda of dying, suc	h as cardiac or reapi	retory arreat	Approximata			
	ahock, or heart fallure. Li iMMEDIATE CAUSE (Final disease or condition	CVA			intarval Batween Onset and Daath					
	reaulting in death) a.	DUE TO OR AS A COL	Lized arterio	sclerosis	5 , ,	r				
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
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CERT	resulting in death) LAST									
ICAL	PART ii. Other aignificant conditions Hypercoure		Oletus, Ch			RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
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IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Ch	eck only one)					
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetien		ome 5 - Residence						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUREO					
	3 Suicide a Could not be 4 Nomicide determined	li home, farm, street, factory, o	ffice	281. LOCATION (Street City or Town, State)	N (Street and Number or Rural Route Number, vn., State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated.									
OS II	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)				
TO BE	57	Januar				•				
	Dr. Tanman Do	21613	21613							
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU	dson Andelle							

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral discussion	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

				50 10005				
	1 - STATE STATE OF MARYLAND / DEPART							
		CATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	FrANK AUSTIN STOPE	95, 2 r.	3 26 9	70 1205 M				
		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6, BIRTNPLACE (State or Foreign				
	219-30-6955 1 M 2 D F 5 6 YRS. M	ONTHS DAYS HOURS MIN.	(Month, Day/Year) 3 3	Country) Maryland				
		b. CITY, JOWN OR LOCATION OF DE		NTY OF DEATH				
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Ö	11010-1110	HNNAGO	17.73	17 15				
DIRECTOR	RESIDENCE OF DECEDENT	TOWN OR LOCATION		10d. INSIDE CITY				
<u></u>	Particular of the control of the con			LIMITS?				
		napolis		1 🗌 YES 2 🔀 NO				
FUNERAL	10e. STREET AND NUMBER	10t, ZIP CODE	10g. CIT	IZEN OF WNAT COUNTRY?				
띪	109 Magnolia Lane	21403	3	U.S.A.				
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		IIC ORIGIN? (Specify Yee or No-	14. RACE — American Indien, Black, White, atc.				
	1 Never Merried 2 Merried FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexice 1 YES 2 NO Specify						
`	3 Wildowed 4 Divorced	T TES 2 1 NO Specing	y:	Specify: White				
	15. DECEDENT'S EDUCATION 16a, DECEDENT'S U	SHAL OCCUPATION	16b. KIND OF BUSINESS/INC					
H	(Specify only highest grade completed) (Give kind of wo	rk done during most of working	TOR TOTAL OF BOOMESS/MI					
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)		0	7 . 1				
		rvisor	County Pul	olic Works				
ᅙᆡ	17. FATHER'S NAME (First, Middle, Last)	18. MOTNER'S NA	ME (First, Middle, Malden Surneme)					
ш	Frank Austin Stokes, Sr.	Marga	ret Freeman					
9		DDRESS (Street and Number or Rural I		o Code)				
A.	David Stokes 109 h	lagnolia Lane	Annonalia	MD 21402				
В.		ION (Name of cemetery, crematory or		City or Town, State				
题"	1 Durial 2 Cremetion 3 Removal from Stylin / other place)			,				
-	4 Donetion 6 Other (Specify) Metropo.	<u>litan Cremato</u>		ndria, VA				
	SIGNATURE OF FUNERAL SERVICE VICENSEE	22. NAME AND ADDRESS OF FA		03.403				
	Tomple A. Just	Taylor Fune		21401				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do no	1147 Glouces	ter St. Anna	reet, Approximata				
	shock, Dr heart fallure. List only one cause on each line.	t anter the mode of dying, suc	ii as cerulec of respiratory at	Interval Between				
	IMMEDIATE CAUSE (Finel	. (7	Onset and Death				
	disease or condition resulting in death)	DaArdIA	IN TAVO	trow				
	DUE TO (OR AS A CONSEQUENCE OF):	partial /						
-	- (2Astroute	atival 1	YPMOTY FO	200				
፬	DUE TO OR AS A CONSEQUENCE OF	/	701.001					
A	If any, leading to immediate ceuse. Enter UNDERLYING							
윤	CAUSE (Disease or injury							
Ē	thet initiated events resulting in death) LAST							
CERTIFICATION	d							
	PART II. Other aignificent conditions contributing to deeth but not resulting in	the underlying ceuse given in	Pert I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
ਫ਼	THANDI Abuse	,	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ă	CANANOI MOUSE		1 _ YES 2 10	OF DEATH?				
뿔				1 YES 2 NO				
₹	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	neck only one)					
PART II. Other agnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 0 PEATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpetient 2 EXPLOYED FOR THE RESULT OF THE RESULT								
BY	2 Accident Investigation	1 1E3 2 NO						
	3 Suicide 6 Could not be building, etc. (Specify)	eet, tactory, office	26t. LOCATION (Street and Number City or Town, Stete)	er or Rurel Route Number,				
	4 Homicide determined							
ا ب	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred	at the time, date and place, and due	to the cause(e) and menner as at	nted.				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation							
္ပ	The residence of the pass of examination artifor integration	my opinion, ceatti occured at trie	tille, dete and place, and ode to t	are sesse(a) and member as sisted.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	MBER 29d. DA	TE SIGNED (Month, Day, Year)				
0	William Laton Depl	ry 1006	054 1	5/26/40				
임	30. MAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type,	Print)	1	1. /				
1	William F. Jowes, m.D.	o, 695 A	merica C	t. 21035				
	, , , , , , , , , , , , , , , , , , , ,							

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1	STATE REGISTRAF
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CTATE OF MADYLAND / DEDADTMENT OF USALTH AND MENTAL HYGIENS

	STATE STATE OF MARTILAL		ATE OF DEATH	REG. NO.						
	F -11 110 CC-2	yrs. lest birthday) F t	TRATTON INDER 1 YEAR IF UNDER 24 HRS. 7	2. DATE OF DEATH MONTH DAY D. 5 29 7. DATE OF BIRTH (Month, Day, Year)	3. TIME OF DEATH 45 A M 6. BIRTHPLACE (State or Foreign Country)					
Œ	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Cen	YRS. 9b.	CITY, TOWN OR LOCATION OF DEAT Annapolis		Ohio COUNTY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		WN OR LOCATION	I A	nne Arundel					
E	Maryland Anne Arundel		nnapolis		LIMITS?					
	10e. STREET AND NUMBER		10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?					
FUNERAL	4211 River Crescent Dri		21401		U.S.A.					
'n	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN UFFORCES? 1 YES IF YES, GIVE WAR OR DATE	2 1 NO	13. WAS DECENDENT OF HISPANIC If yee, specify Cuban, Mexican, 1 YES 2 NO Specify:		14. RACE — American Indian, Black, Whita, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	ilie. Do NOT use ret	done during most of working	166. KIND OF BUSINESS	Service					
NO.	17. FATHER'S NAME (First, Middle, Last)	and marra		(First, Middle, Maiden Suman						
BE C	Howard E. Hazelbaker			nna Mercer						
2	19a. INFORMANT'S NAME (Type/Print)	100000000000000000000000000000000000000	ORESS (Street and Number or Rural Roll							
		PLACE OF DISPOSITIO	UTNGATE AVENU		lis, MD 21401 - City or Town, Stata					
		etropoli	tan Grematory	Alexa	ndria. VA					
	21. SIGNATURE OF FUNERAL SPHYICE LICENSEE		22. NAME AND ADDRESS OF FACI Taylor Funer 147 Gloucest	ral Chapel	21401 napolis,MD					
	23. PART I. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each		enter the mode of dying, such	ss cerdiec or respiratory	errest, Approximate Interval Between					
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Love there theory follows and Deeth Jouleup July Due To for As A CONSEQUENCE OF:									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
	PART II. Other eignificent conditions contributing to death/bu	t not resulting in t	he underlying cause given in P	art I. 24a. WAS AN AUTOI PERFORMED?	AVAILABLE PRIOR TO					
PHYSICIAN: MEDICAL	Volvallos Hear	Hen	ae	1 YES 2 	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Chec	k only one)						
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputtent 2 ER/Output		THER: Nursing Home 5 - Residence 6	Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	F 28c INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED					
ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide distarmined	At home, farm, stree	rt, factory, office	28f. LOCATION (Street and Nu City or Town, State)	mber ar Rural Route Number,					
COMPLETED	20a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination									
BE (29b. SIGNATURE AND TITLE OF SERVICES		29c. LICENSE NUME	SER 29d.	DATE SIGNED (Marin, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri		7-1	29 Flor (1)					
	Son B. Lowe, M.D.	600 Rid	gely Avenue,	Annapolis	, MD 21401					
	MAY 3 1 1990 July Sunday	Per								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plean hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

9001100 11 10 The off-water transfer for the state

		FOR
1	_	STATE
•		REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CI	ERTIFIC	ATE OF	DEATH	RE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
RUTH R	 STANSBURY 				MAY 2			0:20 P.M		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII	RTH Mart		ACE (State or Foreign		
333-30-3301	1 M 2 K F 102	YRS.	NTHS DAYS	HOURS MIN.	1-31-		MAI	RYLAND		
9a. FACILITY NAME (If not institution, give street 117 E. DOVER				TON	EATH		ALBO			
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	TION			10	Dd. INSIDE CITY		
117 E. DOVER STREET 21601 U.S.										
11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 € IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxica 2 本NO Specify	n, Puerto Ricen,		Black, V Specify:	American Indian, Yhita, etc.		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USL inve kind of work i. Do NOT use re	done during mo tired.)	ON ist of working	16b. KIND	OF BUSINESS/IN	DUSTRY			
17. FATHER'S NAME (First, Middle, Last)	<u> </u>	HOUSE	ATLE	Las MOTHERIO MA	DATE OFFICE A AND AND A	44-14 0				
	RICHARDSON			18. MOTHER'S NA EMMA		LLIAMS				
19a, INFORMANT'S NAME (Type/Print)	19	b. MAILING ADI	DRESS (Street a	and Number or Rural i	Route Number, Cit	ry or Town, State, Zi	ip Code)			
C. KEATING BOW				X 99,	OXFORD	, MD.	2165	54		
20a METHOD OF DISPOSITION 1 Burial 2	5 Tron State 1990 ther pr	OF DISPOSITIO	ON (Name of cer	metery, crematory or	_ 1	20c. LOCATION —				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE				CEMETER	CHITY	BALTI				
M. E. News	yan M Cf	S.P.	200	S. HAR				AL HOME N, MD.		
23. PART I. Enter the diseases, or co	omplications that ceused the delist only one cause on each line	eeth. Do not	enter the mo	de of dying, suc	h aa cerdlec d	or reapiratory as	rreat,	Approximata interval Between		
IMMEDIATE CAUSE (Final			0	0.00	A			Onset and Death		
disease or condition resulting in deeth)	Ventruc	ular or	i fi	brulla	hon			<10 min		
	DUE TO (OR AS A CONSE Acute	OUENCE OF):	1	: 0 :	0	tia		<1.8n.		
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSE	OUENCE OF):		رد عیمی	800		7,	11100		
CAUSE (Disease or injury										
that initieted events reaulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):								
								+		
PART II. Other algnificant conditions	contributing to deeth but not	reaulting in ti	he underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
					1 🗆	YES 2 NO		OMPLETION OF CAUSE F OEATH?		
							1	YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)	_				
	HOSPITAL: 1 Inpatient 2 ER/Outpatient :		THER:	ne 5 Ansidence		clfv)				
27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME O	F 28c. IN.	JURY AT		E HOW INJURY O	CCURED			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		YES 2 NO						
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	orne, farm, atree	et, factory, offic	•	28f. LOCATION City or Tow	(Street and Numbern, State)	er or Rural Rou	ite Number,		
enel	CIAN: To the best of my knowledge, de									
one) 2 MEDICAL EXAMINER	R: On the basis of examination and/or	Investigation, is	n my opinion, o	feath occured at the	time, deta and p	place, and due to t	the cause(a) a	ind manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER		~		29c. LICENSE NUI				forith, Day, Year)		
Robert W.	1700			D100	138	•	5-2-	1-90		
30. NAME AND ADDRESS OF PERSON WHO ROBERT W.	TREVER, M.D.		r. 50	EAST	ON - MI	2160)].			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		50	IIIO1	JH, 111	2. 2100	, .a.			
MAY 28 '90	gala theirston	- Aleman	2							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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21-1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pla be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

1 - STATE REGISTRAR		SIA	IE UF I	MAKTL		RTIFI			DEAT		MENI		EG. NO.				
1. DECEDENT'S NAME (First,	Middle, L	ast)					,					TE OF I	DEATH			3. TIME OF DEATH	
STUART H	RANI	KLIN			mi	+	4				100	OLEM .	17	AY 16	790	1517	м
4. SOCIAL SECURITY NUMBER		5. SEX		8. AGE (/	In yrs. lest bi		IF UNDER		IF UNDER		7. DA	TE E	нтви			HPLACE (State or Forei	gn
214-32-	1052	1 🔯 1	1 2 🗌 F		55	YRS.	MONTHS	DAYS	HOURS	MIN.	oc	T.	15.	1934	MA]	MYLAND	
9a. FACILITY NAME (If not in			number)				9b. CITY	, TOWN	OR LOCATION	ON OF DE	_		,		NTY OF D		
Peninsula G	ener	al Hos	pita	1			S	alis	bury	, MD)			1	Wico	mico	
RESIDENCE OF DEC																	
10a. STATE	10b. CO				1	10c. CITY	, TOWN C									10d. INSIDE CITY LIMITS?	
MARYLAND	W	ICOMIC	0				SAI	LISB	URY							1 TYES 2 X NO)
10e. STREET AND NUMBER								10	. ZIP CODI	E				10g. CIT	IZEN OF	WHAT COUNTRY?	
	B 12, NAYLOR MILL VILLAGE 2 1801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,																
11. MARITAL STATUS 1 Never Married 2 📉	Married				2 NO	D			ENDENT C ecify Cube					s or No-	14. RACI Blac	E — American Indian, ik, Whita, etc.	1
3 Widowed 4 Divo			VES, GIVE V		ATES REAN			1 TYES	2 XNO	Specifi	y:				Spec	WHITE	
15. DEC	EDENT'S	EDUCATION	111,	TON	16a. DECE	DENT'S I	USUAL O	CCUPATI	ON	_	1	16b. KIN	D OF BU	SINESS/INI	DUSTRY	WIIII	_
	y highest g	rade complete	d) e (1-4 or 5		(Give	kind of w	ork done	during mo	est of working	ng		7001 1011					
12 YEARS	-12)	Conny	NO	* [']	MI	ECHA	NIC						AUT	COMOT	IVE		
17. FATHER'S NAME (First, M	liddle, Last)	NO						18. MOTI	HER'S NA	ME (Fir	st, Middl	e, Maiden	Surname)			
STEWART		FRA	NKLI	N	SI	MITE	ł		- 3 - 3	LIND			LEE		SCHU	YLER	
194. INFORMANT'S NAME (ype/Print)							S (Street	and Number	or Rural	Ploute N	umber, (City or Tow	rn, State, Zi	o Code)		
RITA CHAVI	EZ SI	MITH-V	/IFE		B1:	2,NA	YLO	R MI	LL V	ILLA	GE,	SA	LISB	URY,	MD	21801	
20a. METHOD OF DISPOSIT	10N 5	/21/90)	20b	PLACE OF	DISPOS	ITION (N	ime of ce	matery, cren	netory or				CATION -		own, State	
1 XBurial 2 Crematic		Removal fro	m State	SI	PRING	HILI	ME	MORY	GAR	DENS			HE	BRON	, MD		
21. SIGNATURE OF FUNERA	L SERVIC	E LICENSEE	COSSILI				22	NAME A	NO ADDRE	SS PIGE	GAT	но	MF	РΔ			
* and	2	161	Von	1700	,								-	BURY	MD	21801	
23. PMT L Enter the d	iseases	nr complic	ations the	course	the deat	h Don					_					Approximate	_
23. PMM I. Enter the d shock, or h	eart fall	ure. List on	ly Dne ca	and ghi o	ach iine.		ot enter	ure in	rae or ay	my, auc	A1 08 C	er Graç	DI TOOP	memory en	1001,	interval Bet	ween
iMMEDIATE CAUSE (Fit disease or condition	nal		1	_	1-		0									Onset and I	Jeath
resulting in death)	→	8	OUE TO	2000	CONSEQUI	ENCE OF	TY	12.	> 1							1	
			1	(On A	·	A	- 1	1-2	-	Re	6 1					i	
Sequentially list condit		b	DUE TO	OR AS A	CONSEQUI	ENCE OF	7:	27		175	للها					—	_
if any, leading to imme cause. Enter UNDERLY					1			/								ļ	
CAUSE (Disease or inju	iry	c	DUE TO	OR AS A	CONSEQUI	ENCE OF	7:										
resulting in death) LAS	т	M														ļ	
		u										_			- T	1	
PART II. Other aignifica	nt cond	itions cont	ributing to	death b	ut not res	sulting i	n the U	ndertyin	g cause	given in	Part i	. 24	PERFO	NAUTOPSY RMED?	24	b. WERE AUTOPSY FINS AVAILABLE PRIOR TO	0
												11	YES :	2 XNO		OF DEATH?	USE
																1 YES 2 NO)
25. WAS CASE REFERRED T EXAMINER?	O MEDIC	_	PITAL:			1	OTHE		LACE OF D	DEATH (C	heck onl	y one)					
1 YES 2 NO		1 🗆 Ir	patient 2		patient 3 🗆		4 🗆 Nu	rsing Hor	ne 5 🗆 R	esidence	_	- '					
27. MANNER OF DEATH	Pending	2	Be. DATE O (Month,	F INJURY Day, Year)	1	26b. TIMI INJ	URY	W	JURY AT DRK?	_	28d.	DEŞCRI	BE HOW	INJURY O	CURED		
2 Accident	Investigat						М		YES 2	NO	_						
3 Suicide 8 1	Could no	T De	Be. PLACE building	OF INJURY , atc. (Spec	f — At home clfy)	o, farm, s	street, fac	tory, offi	CB				ON (Street own, State		or Aural	Route Number,	
	Gerei iiiilk																
(Otrock Only /	TIFYING F	PHYSICIAN: To	the best o	d my know	rledge, death	h occum	ed at the	time, dat	and place	, and du	e to the	Cause(e) and ma	nner as st	rted.		
one) 2 _ MED	ICAL EXA	MINER: On th	e basis of	examinatio	n and/or Inv	restigatio	n, in my	opinion,	death occu	red at the	e time,	date and	i place, a	nd due to t	the cause	(e) and manner as sta	ted.
296. SIGNATURE AND TITLE	E OF CER	TIFIER	7.7	1					29c. LIC	ENSE NU	MBER			29d. DA	TE SIGNE	D (Month, Day, Year)	
Je.	19-	Mh	Int.	1					1	53	47	68	3	•	51	17/90	
30. NAME AND ADDRESS O	F PERSO	N WHO COME	LETED CA	JSE OF DE	ATH (ITEM :	27) (Тура,	Print)	مير	. 4	-		- 0		-	-/	1	
Jel	tre	a lu	iela	end		0	60	P	1 ver	side	7	34	*B	101	Si	lisbury h	7d.
31, DATE FILED (Month, Page	(bar)	Ø 3	2. REGISTR	AR'S SIGN	ATURE									·		3	
		4.															

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

13146,	
BOX	
P.0.	
RECORDS,	
VITAL	
OF	
DIVISION	

Media	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician. AG THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				IENE . NO.	20	10	01
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		TIME OF DEAT	Ή
	GLADYS		SPRING	ER		May 2	0, 1990	YEAR	5:30) PM.
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y		Country)	CE (State or Fo	reign
	261-42-5//4	1 □ M 2X F 62	YRS.	NTHS DAYS	HOURS MIN.	9/7/19	927	Flor	ida	
~	9a. FACILITY NAME (If not institution, give stre	et and number)	96		R LOCATION OF DE		9c. COUNT	Y OF DEAT	Н	
DIRECTOR	112 69th Stree	t		Seat	Pleasa	nt	Prir	ice (Seorge	e's
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY, T	DWN OR LOCAT	ION			10	d. INSIDE CITY	
	Maryland Princ	e George's	S	eat Pl	easant			1	YES 2X	NO
¥	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
FUNERAL	112 69th Street				207	43	Uni	ted	State	s
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			14. RACE — Black, W	American India	en,
BY	XIX Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2X NO Specify	r.		Specify:	ale.	
	15. DECEDENT'S EDUCA	ITION	16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b, KIND (F BUSINESS/INDU		, K	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working					
절	4	Years	Regist	terd N	lurse		Healt	h		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	falden Surname)			
BE	Rushen White					by Brac				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F					
	Karen Taitand	Loop	PLACE OF DISPOSITI		reet,		Leasant			
	20a. METHOD OF DISPOSITION 2 Burlei 2 Cremation 3 Remov	al from State	other place)							
	21. SIGNATURE OF TUNERAL SERVICE LIGE	NSEE ().	Maryland		ID ADDRESS OF FA		Cheite	ennali	I, MD.	
	▶ 10hm	At +	_		vart Fu					
	23. PARTI. Enter the diseases, or co	- WILLIAM	, 11		Benni					100
	ahock, or heart feilure. Li	ist only one cause on ea	ich line.	enter the mo	de or dying, suc	n am cardiec or	respiratory arre	rst,	Approximinterval B	etween
	disease r condition resulting in death) • Arteriosclerotic Cerebro-Cardiovascular Disease									
	OUE TO (OR AS A CONSEQUENCE OF):									
8	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	202 10 (01170 1	0011024021102 01).						İ	
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
FR	resulting in death) LAST									
	PART II. Other algnificent conditions	contributing to deeth be	ut not resulting in t	the Underlyin	a cause alven in	Part I. 24a. V	AS AN AUTOPSY	24b. W	ERE AUTOPSY F	INDINGS
CAL	Chronic Obst					Р	ERFORMED?	AN	MILABLE PRIOR	TO
	CIITOITIC_ODSC	ructive Pu	Lillonary	Disea	ıse	— ['''	YES 2 X NO		DEATH?	NO.
≥					_	_		'	YES 2	NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)				
Sic		HOSPITAL: 1 Inpetient 2 ER/Outp		THER:	ne 5% Residence	6 Other (Speci	fy)			
둦	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 26c. INJ	JURY AT	28d. DESCRIBE	HOW INJURY OCC	URED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(1000)			YES 2 NO					
III a (outside								or Rural Rou	te Number,	
	4 Homicide determined									
City or Town, State										
								nd manner as s	stated.	
								onth, Day, Year)	0	
2	Mysser P. E	myng 1	1/1-		カゴオ	30	13	-d1	1-9	0
	Augusto P. Rod	//			ırn Ct.	. Camp	Spring	S. M	ID.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE			J. G. M. D		~ .		
- 1	חסי דר שונו	Win Savidson Ro	nds 22							

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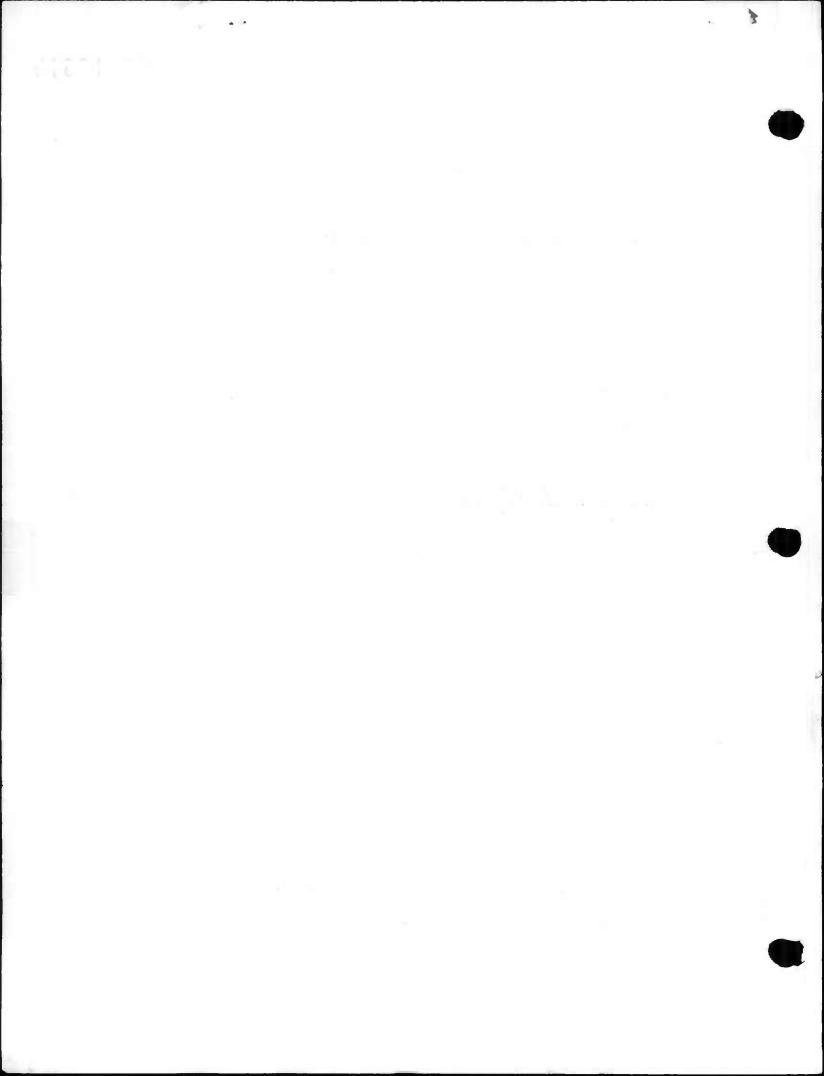
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	0 01 1	CE	RTIFIC	CATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, La BETTY S	MARR					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t hirthriau)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	77.7	990 La birthi	5:36 a.m. M
216-40-5327	1 - M 2 XX	49		IONTHS DAYS	HOURS MIN.	Jan. 20,	941	Country	ington, D.C.
99. FACILITY NAME (If not institution, gi		3.7		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF DE	
JOHNS HOPKI	NS HOSPITA	L		•	ORE CITY				E CITY
10e. STATE 10b. COL			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland Prin	nce George	's	Fair	rmont H	eights				LIMITS? YXX YES 2 NO
10e. STREET AND NUMBER				10	. ZIP CODE		10g. Cf	TIZEN OF W	HAT COUNTRY?
1007 59th. Ave. 20743 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indian,									
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Merried 4 Divorced	FORCES?	NT EVER IN U.S. AR		If yes, sp	CENDENT OF HISPAN Hecity Cuben, Mexica 1 2 NO Specify	n, Puerto Rican, etc.		Black	, White, etc.
15. DECEDENT'S (Specify only highest g	EDUCATION rrade completed)	16a. DE (G	CEDENT'S U	SUAL OCCUPATI ork done during m retired.)	ON ost of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)				Ι,			
12th			Custo	mer Svo	· ·		rivat		
17. FATHER'S NAME (First, Middle, Last))					ME (First, Middle, Ma immons	den Surname)		
Norman Bolden 190. INFORMANT'S NAME (Type/Print)		10	NAR INC.	DDBESS (Street	and Number or Rural I		Tourn Otata 7	Tio Code	
Edzell Gooby					Ave. Ft				20744
20s. METHOD OF DISPOSITION 1 Nauriel 2 Cremation 3 1	Removal from State	20b. PLACE other pl	OF DISPOSE	TION (Name of ce	metery, cremetory or	200	LOCATION -	- City or To	wn, State
4 Donation 5 Other (Specify)	Nemoval from State	Har	mony 1	Memoria					Maryland
21/SIGNATURE OF FUNERAL SERVICE	E LICENSEE	0							uneral Home
Exemply 6	- Deal	. 1		7474	Landover	Rd. Lan	dover,	Mary	yland 20785
23. PART i. Enter the diseeses,				ot antar tha m	oda of dying, suc	h as cardiac or r	espiratory a	rrest,	Approximate
immediate cause (Final	ure. List only ons ca	use on each line							Interval Between Onset and Death
disease or condition resulting in death)	e uppe	ER 61	BLEE	D					6 HR
resolding in death)		OR AS A CONSE							
	a ALC	OHOHC	CIER	40515					5 YR
Sequentially list conditions, if any, leading to immediate	OUE TO	O (OR AS A CONSE	OUENCE OF)):					
cause. Enter UNDERLYING CAUSE (Disease or Injury	C	O (OR AS A CONSE	OUENCE OF						
that initiated events resulting in death) LAST	ODE I	O (ON AS A CONSE	QUENCE OF	•					İ
	d							/	1
PART II. Other significent cond	itions contributing t	o deeth but not	resulting in	the underlyli	ng cause given in		S AN AUTOPS	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
HIV ®						1 🗆 YE	S 2 110		COMPLETION OF CAUSE DF DEATH?
									1 - YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			28. I OTHER:	PLACE OF DEATH (C)	neck only one)		571	
1 TYES 2 TOHO	1 QQnpetient 2	☐ ER/Outpatient :	DOA DOA	4 - Nursing Ho	me 5 - Residence	7			
27. MANNER OF DEATH	28e. DATE C (Month,	F INJURY Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK?	28d. DESCRIBE H	OW INJURY O	CCUREO	
1 Natural 5 Pending Investigation 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,									
3 Suicide 6 Could no 4 Homicide determine	T De building	g, etc. (Specify)	ome, tarm, s	treet, factory, on	ce	City or Town,		Her Or Purel I	node Namoer,
29s. CERTIFIER 1 STOCERTIFYING PHYSICIAN. To the heat of my knowledge death occurred at the time date and place and due to the causa(a) and manner as stated									
(Check orly 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									
29b. SIGNATURE ANO, TITLE OF CER	TIFIER				29c, LICENSE NU	MBER	29d. D.	ATE SIGNE	O (Month, Day, Year)
blas	MD	BURLHANM	. w.i		JIHH # A		•	5/18/	
30. NAME AND ADDRESS OF PERSO		for a colon to			4111 00 14	יעין כ		1101	10
BURCHENAL	JOHN'S HO	PKINS 1	HOS PI	THE	BALTIM	oree			
31. DATE FILED (Month, Day, Year)	2. REGISTI	AR'S SIGNATURE	10311		VICTOR				
MAY 23 9U	gulia Davidson	Managas							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the table of the control of the contro		
by the hosp	d be detache	i at once.	
ny be retained	page 5 shoul	be notified	
h. Page 6 mi	eral director,	niner must	
urs after deat	in by the fun	edical exar	
within 24 ho	remation of	ivent, the m	
e be executed	sician and co	traumatic e	
leath certifical	attending phy	y, or other	
ires that the d	signed by the	ws any Injur	
The law requ	ate has been a	tem 23 short	
3 PHYSICIAN:	er this certificate	arked, or li	
R ATTENDING	IRECTOR: Afte	em 28 is m	
E HOSPITAL C	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral action of the following t	the med writin is from a great water with the course copy, or the medical manual system produces of the medical examiner must be notified at once.	
IN OT	TO TH	IMPO	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		SIAIE UF M	AKTLANU /		MENT UF			MENIA	REG. NO.			
1. DECEDENT'S NAME (First, Mi	ddle, Last)			9	E 01	DE/11			OF DEATH			3. TIME OF OEATH
EDW	IN	L.	STA	BUS				MA		•	990	405 P H
4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
216-44-948	23	1 💢 M 2 🗌 F	75	YRS.				JUL	Y.24.	1914	10	ENN,
9a, FACILITY NAME (If not institu		11	1	9	b. CITY, TOWN			EATH			NTY OF O	
GINGER CO		HEALTH	CTR.		ANNI	+POL	15			HN	NE;	ARUNDEL
	b. COUNTY			10c. CITY, 1	TOWN OR LOC	ATION						10d. INSIDE CITY
Marvland P	rince	Georges		Upper	Marl	oro						LIMITS? 1 YES 2 XNO
10s. STREET AND NUMBER		227.800		oppor		of. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
2608 Ritchie	e-Mar1	lboro Rd.	1			2077	2			U.	S.A.	
11. MARITAL STATUS	and V	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR			CENDENT C			17 (Specify Yea Rican, atc.)	or No-		— American Indian, t, White, etc.
1 Never Married 2 Ma 3 X Widowed 4 Divorce		IF YES, GIVE W				S 2 X NO					Speci	white
15. DECED	ENT'S EOUC	ATION	16a, OE	CEOENT'S US	UAL OCCUPAT	ION		168	. KIND OF BUS	INESS/INI	DUSTRY	willte
(Specify only hi	ghest grade o	completed) College (1-4 or 5+)	(G	ve kind of wor Do NOT use i	k done during n	nost of working	ng					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	4		hanic	ial En	ginee	r		U.S.	Gove	rnme	nt.
17. FATHER'S NAME (First, Middle	le, Last)							ME (First,	Middle, Maiden			
George C. Sta	aubus					Ca	ther	n V.	Cleek			
19a. INFORMANT'S NAME (Type	/Print)								ber, City or Town	n, State, Zij	c Code)	
Cathern Kline			_		<u>olliso</u>			70, M	_			
20a. METHOD OF DISPOSITION 1 □ Burlai 2 \(\tilde{\text{M}}\) Cremetion	3 Ramo	val from State	20b. PLACE other pla	100)	ION (Name of c		,				City or To	
4 Donation 5 Other (Sc	- 11	WEEK		Ceda	r Hill	Crem			Sui	tlan	d, M	υ.
3	7	11 0							T 4	308	Suit	land Rd.
appeya	M	Hilloa	~~		kober	L L.	WIII.	етш,	inc. S	uit1	and,	land Rd. MD. 20746
23. PART i. Entar the dise ehock, or hear		ist only one caus			t enter the m	oda of dy	ing, suc	h as car	diac or respi	ratory sr	reat,	Approximate interval Between
IMMEDIATE CAUSE (Final												Onset and Daath
disease or condition resulting in daeth)	·	LON DUE TO	4006	ICIN	4	MPI	400	44				4418
		DOE TO	OH AS A CONSE	JUENCE OF):								
Sequentieily ilst condition		DUE TO	OR AS A CONSE	QUENCE OF):								
if any, leading to immedia cause. Entar UNDERLYING	G											
CAUSE (Disease or injury that initiated events		DUE TO	OR AS A CONSE	QUENCE OF):								
resulting in death) LAST	d											
PART II. Other significent	conditions	contributing to	daath but not i	esulting in	the underlyi	ng cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
									PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
									1 1 169 2	□ NO		OF DEATH?
												10 10 10 10
25. WAS CASE REFERRED TO I	WEDICAL					PLACE OF E	DEATH (Ch	eck only o	ne)			
EXAMINER? 1 YES 2 No		HOSPITAL:	ER/Outpatient 3		OTHER:	erne 5 🗆 R	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, De		28b. TIME		NJURY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pe	nding restigation					YES 2 [□ NO					
	uld not be	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	me, farm, str	eet, factory, of	lica			CATION (Street of or Town, State)		or or Rural i	Route Number,
	Demin											
(ondon only		ZAN: To the best of										
2 MEDICA	L EXAMINER	1: On the basis of a	camination and/or	investigation,	In my opinion	death occu	red at the	time, dat	a and place, an	d due to t	the cause(a) and menner as stated.
296. SIGNATURE AND TITLE O	fue	Chen	rus			-	O7/	-				(Month, Day, Year)
30. NAME AND ADDRESS OF P						- 0	1	1.	10-	, 0	, -	5.44
35 PATE FILED MONTO PAY, YOU			R'S SIGNATURE		UNES	1 1)	1, 1	TW,	UAPOL	-63,	al)	21401
		r: #/ /1.	16 4 1 0	en en								

nsit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTAL HYGIE REG. N			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH
		MARGARET	E.		9	TIN	NETT		June 4.	1990	YEAR	1:05 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest I	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		a BIRTI	HPLACE (State or Foreign
1 1	220-10-8790	1 □ MXXX F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	LO-15-190	0	Count	WV
l	ge. FACILITY NAME (If not institution, give Memorial Hospita	street and number)			эь. сту, Cumb		R LOCATIO	ON OF DE	ATH		JNTY OF E	
G		L			Cullb	етта	ша			ATT	egan	Y
[[[]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN C	R LOCAT	ION				_	10d, INSIDE CITY
DIRECTOR	MD Alle	gany		Cui	mber]	land						LIMITS? X1 X YES 2 ND
	10e. STREET AND NUMBER				14.5	101	. ZIP CODE	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
VERAL	113 W. Elder Str	eet				2	21502			Ü	ISA	
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED					IC ORIGIN? (Specify n, Puerto Rican, atc.)	Yes or No	14. RAC Blec	E — American Indian, k, White, etc.
鸝	1 Never Married 2 Married WWW Widowed 4 Divorced	IF YES, GIVE W					QX□ NO				Spec	
g	15, DECEDENT'S ED	UCATION	16a, DEC	EDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF	SUSINESS/IN	<u> </u>	WILLCE
	(Specify only highest gra Elementary/Secondary (0-12)		(Gha	e kind of Do NOT u	work done one retired.)	during mo	at of working	g				
됩	12	000000000000000000000000000000000000000	house	wife	Э				own har	ne		
COMPLETED	Charles James Em	mart				IV.	18. MOTI	TER'S MAI	ME (First, Middle, Maid Y Norris	en Sumame)		
BE							ial y	TIOTI	y NOILIS			
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Louise Hami	lton							oute Number, City or extend, M			
-	26a. METHOD OF DISPOSITION											
	1 Buriel 2 Cremetion 3 Re	moval from State	Sunset		oria]	L Pa	netery, cren rk	natory or		LOCATION - Derlar		
1 1	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			L 22.	NAME A	AD ADDRE	SS OF FAC			-	
1	$\rightarrow O_{\alpha}$	y las	01/1		DC2	arpe.	land III l	une:	cal Home 21502			
\vdash	23. PART i finter the diseases, o	7 XI CO	yren	dh Do						nieston, s	rwa at	Approximata
	/shock, or heart fallun	e. List only one cau	se on each line.	ui. 00	I /	the mo	da bi dy	ing, suci	i as cardiac Di le	spiratory a	iii eat,	interval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition		50	CP	77	-	F-6	71	A .			Oliset and Daatii
	resulting in death)	DUE TO	OR AS A CONSECU	UENCE O	F): //	9		1	1/			
z		b	USIN	30	Kr	et		Ne	ter			
CERTIFICATION	Sequantially list conditions, if sny, iesding to immediate	DUE TO	(OR AS A CONSEQU	JENCE C	NF):			1				
할	cause. Entar UNDERLYING CAUSE (Disease or injury	c. DUE TO	OR AS A CONSEQU	UENCE O	NE).							
Ē	that initiated events resulting in death) LAST			JE110E 0	. ,.							}
핑		d			,							
N N	PART ii. Other significant conditi	ons contributing to	/	11	in the sin	/		-	Part Is 24e. WAS PERI	AN AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		old og	e. M	167	(1)	66	016	LOUR	1 U YES	2 NO	.	OF DEATH?
MEDIC								•			`	1 TES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL	1				20.00	105.05.5	EATH OL	ack only one)			
PHYSICIAN:		XXHOSPITAL:	ED/Outnotlest 2	DO4	OTHE	R:						
¥	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TII	NE OF	28c. IN.	JURY AT	sagence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
ВУ Р	1 Natural 5 Pending	(Month, D	ay, Year)	IN	JURY		YES 2	□ NO				
	3 Suicide 8 Could not b	28e. PLACE O	F INJURY — At hone	ne, farm,	street, fac	tory, offic	e		281. LOCATION (Str. City or Town, St	et and Numb	er or Rural	Route Number,
COMPLETED	4 Homicide determined					_						
12	29a. CERTIFIEDX (Check only) CERTIFYING PH	rSICIAN: To the best of	my knowledge, des	th occur	red at the I	lime, data	and place	, and due	to the cause(a) and	manner aa s	tated.	
Ö	one) 2 MEDICAL EXAMI	NER: On the besis of ex	samination and/or in	westigati	on, in my o	opinion, d	death occu	red at the	tima, data and place	and dua lo	The cause	(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF	TER /	1				29c. LIC	ENSE NU	MBER	29d. D/	ATE SIGNE	DelMoraty(Day, Wear)
10 B		1/1/m/	10				D19	318			6/	4/90
-	30. NAME AND ADDRESS OF PERSON		town Roa			w1	nd)	AA C	1502		1	
	Dr Ranjithan 31. DATE FILED (Month, Day, Year)				CUIIIDE	r Td	iid, i	1U . 2	1302		-	
	JUN 07 1990	July Davido	H'S SIGNATURE	100								

al examiner me	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mi
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral direct	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly
ler death. Page 6	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.
BALTIMO	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

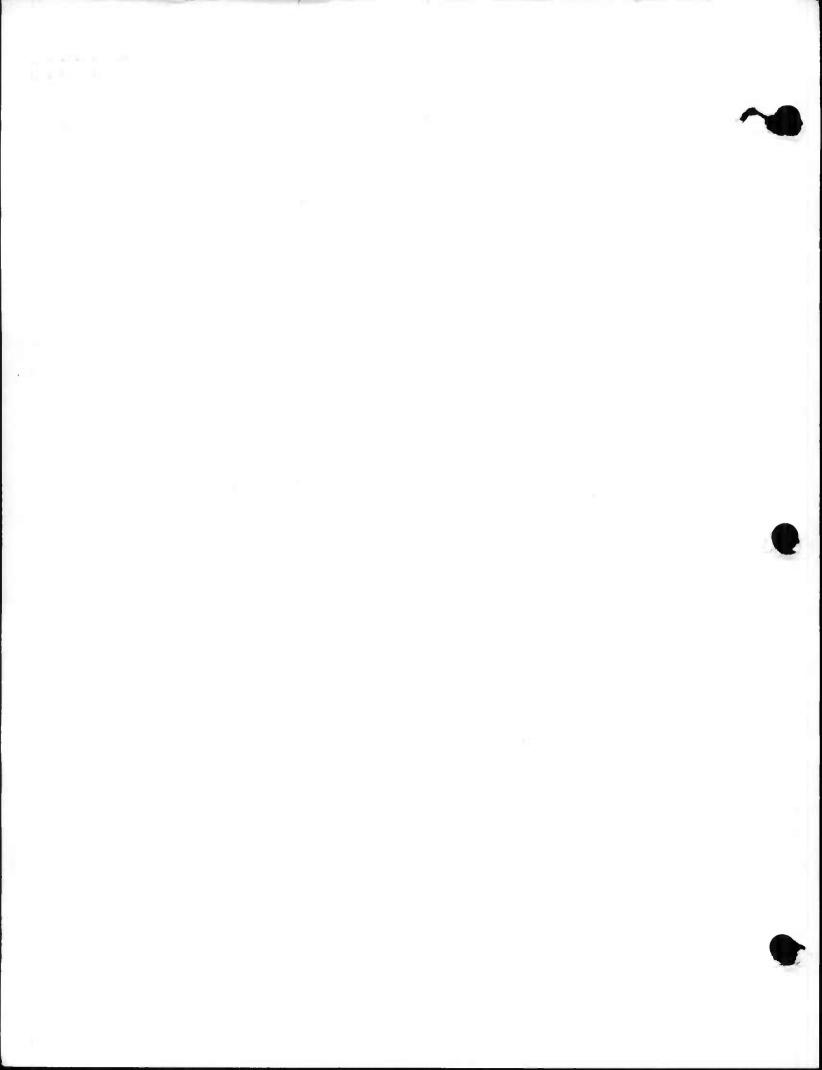
31. DATE FILED (Month, Day, Year)

JUN 07 1990

	1 - STATE REGISTRAR	STATE OF M			ICATI					YGIENE REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.			2. DATE OF	DEATH		ve.e	3. TIME OF DEATH
- 1	Melvin	L.	S	turt	Z				06	01		YEAR	10.50 P M
- 55	4. SOCIAL SECURITY NUMBER	5. SEX 1 1 1 2 F	6. AGE (In yrs. les 83	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	1906		6. BIRTH Countr	PLACE (State or Foreign Y) PA
- 2	217-09-5411			THS.	9b CITY	TOWN	B LOCATI	ON OF DE		-1300		ITY OF D	
E I	9a. FACILITY NAME (it not institution give s LIONS Manor Nur	sing Home	:		Ci	mber	land	ON OF DE	0111			.egar	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		-	10.01	Y, TOWN							-	
E		egany			Cumb								10d. INSIDE CITY LIMITS? 1 YES 2 XXO
AL C	10e. STREET AND NUMBER					101.	ZIP COD				10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	Route 5 Box WE-	3					215	502				USA	
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. AB		13.	WAS DECI	ENDENT C	F HISPAN n, Mexican	IC ORIGIN? (5 1, Puerto Rica :	Specify Yea in, atc.)	or No-	14. RACE Black	E — American Indian, c, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	2 (NO	Specify				Speci	white
<u>n</u>	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N et of workir	207	16b. Kil	ND OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done se retired.) nanc			•	Me	emori	al h	ospi	tal
COMPLETED	17. FATHER'S NAME (First, Mickello, Last)							HED'S NA					
C	17. FAMER'S NAME (FIS-LANGUELLEN)						'Lil	lië	May MG	eary	our romey		
盡	198. INFORMANT'S NAME (Type/Print) Mrs. A. Fern St	urta	191 D	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	erland	City or Town	n, State, Zip	Code)	
雷	20 METHOD OF DISPOSITION								CITAIR				
-	1 🖾 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	20b. PLACE COOK	de Dispo	emet	ery	netery, cren	natory or		Wel	lers	burg	, PA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	1	22.	50% P	R APPRE	S OF FA	Agra1	Home			
	I Janes =	2 XCO	2006	1		Cumb	erla	nd, 1	Meral MD 215	502			
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that	consed the de	eth. Do	not ente	the mo	de of dy	Ing, aucl	h as cerdied	or reapi	ratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	O II D	- 1)	0				0					Onset and Death
- 1	disease or condition resulting in death)	a. C.H. F	OR AS A CONSE	ulu	NON	ari	1	de	ma				
_		Sever		rue	Mi	a	lan	nd	C.A	a.			
<u> </u>	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE C	OF):						0		
S	CAUSE (Disease or Injury	c	OR AS A CONSE	OUENCE C	NEN.								-
CERTIFICATION	thet initiated events resulting in death) LAST	4	ON AS A CONSE	JOENCE C	лг).								İ
	PART II. Other eignificent condition	o. contribution to	leath but all		in the u			-luce le	Don't lo	le. WAS AN	ALITTORION	Lan	. WERE AUTOPSY FINDINGS
CAL	Dollanear	Cevel	200	un	en		o .	given in		PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	The state of the s	same n	ydine	ersh	all	us.			- ; ·	TES 2	NO		OF DEATH? 1 YES 2 NO
Ä.				1	U				_				
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	<u> </u>		OTHE		ACE OF E	EATH (Ch	eck only one)				
IXSI	1 TYES 2 NO	1 Inpatient 2 I		DOA 28b, TII	4 🕅 💥 u			esidenca	6 Other (S		N HIRV OO	CHEE	
	1 Netural 5 Pending	(Month, Da			JURY M	WO	RK?	□ NO	28d. DESCR	IIBE NUW II	NJURY OC	COMED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	FINJURY — At he	ome, farm,	street, fac	tory, offic				ON (Street a		or Rural	Route Number,
COMPLETED	4 Homicide detarmined		(-)						ony or	ourn, otato,			
APL!	29a. CERTIFIER (Check only one)												
8	2 MEDICAL EXAMIN		amination and/or	Investigati	lon, In my	opinion, d				d place, an	d due to th	e cause(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	han						ENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ	e, Print)		IJ.	L9750)			2	1 10
V A Paniithan M D IMNH Seton Drive Cumberland MD 21502													

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE	
st)		2. DATE OF GEATH	DAY
	CUMPTED	OE	1.0

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	.0010
	1. DECEDENT'S NAME (First, Middle, Last))			2. DATE OF OEATH MONTH DA	Y YEA	3. TIME OF OEATH
	HERBERT L.	SUMPTER				05 1°		
		. SEX 6. AGE (In	r yrs. lest birthday) IF L	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BI	IRTHPLACE (State or Foreign ountry)
	577-60-9505 1 9e. FACILITY NAME (If not institution, give street	t and number)	4 YRS.		HOURS MIN.	03 10 4	c 1	shington, DC
DIRECTOR	PRINCE GEORGES	HOSPITAL CE	NTER	CHEV	ERLY		PRINC	E GEORGES
ا ا	10a. STATE 10b. COUNTY			WN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
	MD Prince	Georges	Capi	tol He	ights			1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	0		101.	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
<u> </u>	5016 Fable Street	<u> </u>			20743		IISA	
2	11. MARITAL STATUS 12 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 TYPES	U.S. ARMED 2 - NO	13. WAS DECI	ENDENT OF HISPAN cify Cuban, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No- 14. R	RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Differed	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify		s	Specify:
	15. DECEDENT'S EDUCAT	TON	16a. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUSTR	Rlack
	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work in the control of	done during mos red.)	t of working			1
립	12th		Audio Vis	ual Te	chnician	Natio	nal Arc	hives
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)	
BE	Herbert Sumpter				Emma 1	Bryant		
5	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street au	nd Number or Rural F	loute Number, City or Town	n, State, Zip Code	1)
	Geraldine Sumpter					ol Heights		20743
	20e. METHOD OF DISPOSITION 1. GrBuriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b.	PLACE OF DISPOSITIO other place)				CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Cedar Hil		CETY D ADDRESS OF FA	Sui	tland,	Md.
	P ma	what	ll			uneral Hom W: Washin	e	o.C. 20011
-		ROCULTA DUE TO (OR AS A	consequence of):				ratory arrest,	Approximata Interval Batween Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO COT AS A	CONSEQUENCE OF): CONSEQUENCE OF): LENCO	cut.	itus	ulcer	۵.	
MEDICAL	Intra Cerebral	ain Brain			tings	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	On	26. PL HER:	ACE OF OEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 NO 1	Inpetient 2 ER/Outp				8 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF	WO	RK?	28d. DEȘCRIBE HOW I	NJURY OCCURE	ь .
B⊀	2 Accident Investigation	28e. PLACE OF INJURY	— At home form stree			26f. LOCATION (Street	and Number or Br	urel Boute Number
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec		t, tactory, orne		City or Town, State)	and runner or ru	nar rode remon,
COMPLETED	(Oribon Orin)	AN: To the best of my knowl						use(s) end menner ee stated.
S E	296. SIGNATURE AND TITLE OF CERTIFIER		2 - :		29c. LICENSE NUI	ABER	29d. DATE SIG	ONED (Month, Day, Year)
00	KaKokh	(a)	191		D20	0108	1 5	120/90,
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	r)				
	31. DATE FILED (Month, Day, Year) MAY 23 '90 Ju	32. REGISTRAR'S SIGN	ature noall					



DHMH-16 Rev 1/89

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, P.O. BOX 13146,	ITAL OD ATTENDIAL DUNCKAN. The law consises that the death certificate he executed within
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DIVISION OF VITAL RECORDS	romiroc
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<u>N</u>	CINION
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\leq	90
	TAI

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN		GIENE G. NO.	
	DECEDENT'S NAME (First, Middle, Let D H N A. SOCIAL SECURITY NUMBER	W. S. SEX 6. AGE		JY F UNDER 1 YEAR IF UNDER 24 H ONTHS DAYS HOURS M	2. DATE OF DE 05 SRS. 7. DATE OF BIR (Month, Day,	23 17H	90 3. TIME OF DEATH 90 4 M 8. BIRTHPLACE (State or Foreign Country)
TOR	218-30-3963 9a. FACILITY NAME (If not institution, give Southern M	1 № 2 □ F 58 e street and number) 1 H OSPITA	YRS.	b. CITY, TOWN OR LOCATION OF CLINT ON	08 1	9c. COUNT	Maryland TY OF DEATH IN CE GEORGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	nce George's		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL DIRECT	2708 Lewis Ave	12. WAS DECEDENT EVER I		10f. ZIP CODE 20746		Cify Yas or No-	EN OF WHAT COUNTRY? S.A. 14. RACE — American Indian,
6	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S E	FORCES? 1 X YES IF YES, GIVE WAR OR D KOYEAN CO	Onflict 16a. DECEDENT'S US	if yes, specify Cuben, M 1 YES 2 NO S BUAL OCCUPATION	pecify:		Bleck, Whita, etc. Specify: Caucasian ISTRY
once. COMPLETED	(Specify only highest gring in the state of	College (1-4 or 5+) N/A	(Give kind of wor life. Do NOT use Painter		Self S NAME (First, Middle,	-Employe	d
O BE	John W. Smith Sr			Eliz DDRESS (Street and Number or F	abeth L.	Kidwell	Code)
er must be no	Ruth E. Freema 20a, METHOO OF DISPOSITION AX Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)		other place)	5 10 A—F NON (Name of cemetery, cremator 1 State Veter		20c. LOCATION — C	ity or Town, State tenham. Marylai
al examiner r	21. SIGNATURE OF FUNERAL	Maria	gen y tank	22. NAME AND ADDRESS (F FACILITY Le	e Funera	1 Home, Inc, Clinton, Md 20
cremation, or removent, the medic	23. PART I. Enter the diseases, a shock, or heert failur immediate CAUSE (Fine) disease or condition resulting in death)	a. Let only one ceuse on a	d the deeth. DD nD each line. A CONSEQUENCE OF):	11 1000	auch aa cardlac D	1927	Approximate interval Between Onset and Death
Il Hygiene prior to buring or other traumatic	Sequentially list conditions, if eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):				
hows any Inju	PART II, Other significent conditions of the street of the	lone contributing to death is etastics.	out not reaulting in	the underlying cause give		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 21 NO
and with the State Dept. of Health marked, or Item 23 shows an BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 6 Pending	HOSPITAL: Inpatient 2		26. PLACE OF DEAT OTHER: Nursing Home 5 Reside OF 28c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE	elly) E HOW INJURY OCC	URED
- F	2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str				or Rural Route Number,
2 = 5	(Olivon Olivy	A		In my opinion, danth occured	at the time, data and p	elace, and dua to the	cause(a) and manner as stated.
De filed within IMPORTANT:	30. NAME AND ADDRESS OF PERSON	Ilder	EATH (ITEM 27) (Type, F	Print) 26 Woodyo Vo	352	→ (SIGNED (Morith, Day, Year)
	31. DATE FILED-(Month, Day, Year) MAY 24 90	32. REGISTRAR'S SIGN	NATURE Andell	26 WOODYON	POI C	Minzon.	/4()

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DALIMONE, MANIENTE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be find within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	certificate be	ding physicia tygiene prior	r other tra
DIVISION OF VITAL RECORDS, F.C. DOA 13149,	that the death	d by the atten	iny injury, or
	aw requires	s been signe out, of Healtl	3 shows a
ALIA	ICIAN: The I	ertificate har	or item 2
LO NO	DING PHYS	After this c	s marked,
DIVID	L OR ATTEN	DIRECTOR:	item 28
	TO THE HOSPITA	TO THE FUNERAL	IMPORTANT: If

31. DATE FILED (Month, Day, MAY 3 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Npo. Print)

Dr. Mulrogh Mothum

32. RESISTRARS. SIGNATURE

Julia Juriason Anders

MAY 3 0 90

									0020			
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGII REG. N						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	VEAD	OF DEATH			
ï	Carrel Suder					WONTH 27	90	0110) a M			
	4. SOCIAL SECURITY NUMBER 235 20 4442	5. SEX 6. AGE	(In yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year). 11 06 21						
N I		IAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH										
E D	Calvert Memorial Hospital Prince Frederick, Md Calvert											
ривестоя	10s. STATE 10b. COUNTY	ALUZE	10c. CIT	Y, TOWN OR LOC	ATION SOCI	· 639		10d. INSII LIMI 1 YES				
FUNERAL	314 BERTS DRIVE				ISA	NTRY?						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxical S 2 NO Specify	n, Puerto Rican, etc.)	Ysa or No— 1	4. RACE — Americ Black, Whits, et Specify:						
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	16b, KIND OF	BUSINESS/INDU	STRY								
	Elementary/Secondary (0-12)	Collegs (1-4 or 5+)	Itte. Do NOT u	work done during n se retired.}	lost of working							
COMPL	12TH GRADE		MARYLAN	ID STATE	GOV.							
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	len Surname)					
BE C	ALVA MONZEL SUDER				ETHEL	EDNA WIL	LIAMS					
	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	ANNA L. SUDER		314	BERTS	DRIVE, LO	THIAN, M	D 2071	.1				
	20s. METHOD OF DISPOSITION 1 ▼ Burist 2 □ Cremetion 3 □ Remo	20	b. PLACE OF DISPO	SITION (Name of c	emetery, crematory or	20c.	LOCATION — C	lty or Town, Stats				
	4 Donstlon 5 Other (Specify)	Wall From State	SAND RUN	BAPTIST	CHURCH	CMETERY E	UCKHAN	ON, WV				
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE/		22. NAME	HUNTT FU	NERAL HO	MF INC					
	▶	V/D	>		. BOX 156				0601			
	23 PARTY Enter the diseases or c	omnilications that cause	the death Do						proximata			
	shock, or heart fallure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition) CARCINOMA R. LUNG											
	reauiting in death)	P	4.									
	DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions,											
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING											
5	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE O	NF):								
Ē	that initiated events reaulting in death) LAST	202 10 (011110		,.								
Ü	d.											
_	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?											
5	PERFORMED? 1 U YES 2 THOO OF DEATH?								TION DF CAUSE			
JE I									S 2 [] NO			
3						_						
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)						
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 I ER/Ou	rtpetient 3 DOA	OTHER:	ms 5 🗆 Residence	8 ☐ Other (Specify)						
PHYSICIAN: MEDICAL	27. MANNEY OF DEATH	26s. DATE OF INJURY	7 28b. TII	WE OF 28c. II	TA YRULA	28d, DESCRIBE HO	W INJURY OCC	URED				
- 1	1 Natural 5 Pending	(Month, Day, Year)	110		YORK? YES 2 NO							
ВУ	2 Accident Investigation 3 Suicide B Could not be	28s. PLACE OF INJUR	RY At home, farm,	atreet, factory, of	lics	261. LOCATION (Str	eet and Number o	or Rural Route Numi	iber,			
윤	4 Homicide B Could not be	building, stc. (Sp	ecify)			City or Town, S	ate)					
E	29e. CERTIFIER 4 CERTIFYING BUYEN	CIAN. To the head of an area	udadas dada	and as the state of	ar indicate and a second	As the second of the second						
COMPL	(Check only	CIAN: To the best of my kno R: On the bests of examinati							Oner se stated			
8		_	- A Investigat	on, in my opinion								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- 11-	J.		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, D	lay, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMBI ETED CALIFE OF S	SEATH ATTENDED	· .0.				2-27	0 /			
7 "	I JU. DAME AND ADDRESS OF PERSON WH	O DOMPLETED CAUSE OF I	75517 ILIEM 271 / 1/7	m. rTITILI								

BALTIMORE, MARYLAN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		C	ERTIF	ICATE	OF	DEAT	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, L	nst)			IOAIL	- 01	DEA		2. DATE O	F DEATH			3. TIME OF D	EATH
	Louis John Sl	-							MONTH	24	90	AR	9:30	о Ди
	4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	F BIRTH	8.8	BIRTHPI	LACE (State o	
	219-05-1108	1 💹 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	21/19		Country) Ma.	rylan	d
		n. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN						ON OF DE		/-/	9c. COUNTY		-	·
œ	1810 Village	,				ever							undel	
DIRECTOR	RESIDENCE OF DECEDENT											4.0-		
Ĕ	10a. STATE 10b. CO			10c. CI1	Y, TOWN	OR LOCAT	ION					1	10d. INSIDE (YTE
ਰੈ	Md. A	ne Arundel		Severn					1 🗆 Y				1 NES 2	NO NO
4	10e. STREET AND NUMBER					101	ZIP COD	Ε			10g. CITIZEN	OF WH	AT COUNTR	77
띪	1810 Village S	quare Ct.						2114	4			USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT. FORCES? 1	EVER IN U.S. A	RMED						(Specify Yes	or No- 14.	RACE -	- American I White, etc.	ndlen,
	1 Never Married 2 Married	IF YES, GIVE WAR	R OR DATES	ואט				Specify	n, Puerto Rik	can, etc.)	1	Specify.	· · · · ·	
ě	3 💹 Widowed 4 🗌 Divorced										white			
	15. DECEDENT'S (Specify only highest of	EDUCATION rede completed)		Give kind of	work done	CCUPATIO during mo	ON all of world	ng	16b. F	UND OF BUS	BINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		lle. Do NOT u					- 1					
울	8				R	etir					U.S.	Ar	my	
8	17. FATHER'S NAME (First, Middle, Last									ddle, Maiden	Surname)			
BE		Slavotinek					-		. Yan					
2	19a, INFORMANT'S NAME (Type/Print)		1			,			Route Number, City or Town, State, Zip Code)					
-	Robert Spencer	Hobson							lto., Md. 21229					
	20a. METHOD OF DISPOSITION 1 To Burial 2 Cremation, 3	Burial 2 Cremation, 3 Removal from State			SITION (N						CATION — City			
	4 Donation 5 Other (Specify)		Mea	dowri						Elk	ridge,	Ma	rylan	<u>d</u>
	21, SIGNATURE OF FEMALIAL SERVICE	E LICENSEE	14					SS OF FA		neral	Homes			
	1/00	Ita	La Como	en							Md.		.227	
	23. PART i. Enter the diseeses,	of complications that	caused the c	deeth. Do										cimete
	ahock, or heert failure. List only one cause on each line. Interval Between the CAUSE (Final Control on the Control on the CAUSE (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Cause (Final Control on the Control on the Control on the Cause (Final Control on the Control on the Control								1 44 64101	no or roup	iratory arrest			
		re. List only one cause	e on eech iii	ne.		r the mo	ae or ay	ing, soci	1 44 00101	ac or reap.	iratory arrest	•	interve	l Between
	iMMEDIATE CAUSE (Final disease or condition	re. List only one cause	e on eech lie	ne.							ratory arrest	,	interve	l Between
	IMMEDIATE CAUSE (Final	a. ACUTE DUE TO (C	e on eech lie	ne.							ratory arrest		interve	l Between
2	iMMEDIATE CAUSE (Final disease or condition	a. ACUTE DUE TO (C	CAR	DIOPL	LLM (DF):						ratory arrest		interve	l Between
NOIL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. ACUTE DUE TO (C DUE TO (C DUE TO (C	CARO OR AS A CONS OR AS A CONS	DIOPLES	LLM C OF): + Y	ONA	RY	AR	RE-ST		ratory arrest		interve	l Between
CATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. ACUTE DUE TO (C DUE TO (C DUE TO (C	CARO OR AS A CONS OR AS A CONS	DIOPLES	LLM C OF): + Y	ONA	RY	AR	RE-ST		ratory arrest		interve	l Between
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32. REGISTRAN SIGNATURE

July Davidson-Randell

31. DATE FILED (Month, Day, Year)
MAY 2

'90

BALTIMORE, MARKETAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be removed from 10 THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 Superior for within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					ENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Lest)	Tra	vers				_	DATE OF DEA	TH	YEAR S	7 45 PM	
	4. SOCIAL SECURITY NUMBER 22 214-68-696	21 □ M 2 🖾 F 8	yrs. Inst birthday) 7 YRS.	IF UNDER	DAYS		HN.		1902	6. BIRTHPI Country) Md. N	ace (State or Foreign anticoke	
DIRECTOR	9a. FACILITY NAME (If not institution, give st Hanokin Nurisi)	,				SS A		, Nd.		OMERS		
[<u>대</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN O	R LOCATIO	ON				10d. INSIDE CITY		
뚭	Md. Some	erset	Pr	rincess Anne						1 No		
₹	10e. STREET AND NUMBER			10f. ZIP CODE 21853							AT COUNTRY?	
FUNERAL	RT13 & Edgehil:	12, WAS DECEDENT EVER IN	II S ADMED	12 1	MS DECE			ORIGIN? (Speci		. S.	- American Indian,	
À	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2X NO	11		olfy Cuban, M		Puerto Rican, at		Black, Specify:	White, etc.	
밀	15. DECEOENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done d				16b. KIND C	F BUSINESS/IN	IDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT u	ache	er			E	ducati	on		
NO N	Tr. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BEC	Jesse R. Travers											
2	III 198. INPURNANT'S NAME (1/08/P1/9) I 190. MAILING ADDRESS (STIME AND NUMBER CITY OF FOWN STIME (1/08/P1/9)											
	2 METHOD OF DISPOSITION	20b.						_				
	1 Donation 5 Other (Specify)		PLACE OF DISPO other place)						c. LOCATION -	skin,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Messick F. H. Po Box 61 Bivalve, Md. 21814										e, Md.	
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on as		not antar	tha mod	a of dying	, auch	aa cardlac or	respiratory a	rrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)		(no	ine	brech						Onset and Death	
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CERTIFICATION	Sequentielly liet conditions, if eny, laeding to immediate	DUE TO (OR AS A	CONSEQUENCE C	F):								
\ <u>8</u>	cause. Entar UNDERLYING CAUSE (Disease or injury	c. De oue to (or as a	ch Vein	Thm	who for	1115,6	~					
E	that initiated evanta reculting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):	·							
빙		d									+	
SAL	PART II. Other eignificant condition	e contributing to death bu	it not resulting	in the un	derlying	cause give	en in Pa		RS AN AUTOPS' ERFORMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDIC		h						_ '''	res 2 1-HO		OF DEATH?	
X								-			I ☐ YES 2 ☐YNO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL				ACE OF DEAT	TH (Chec	k only one)				
YSIC	1 TES 2 1-40	HOSPITAL: 1 Inpatient 2 ER/Outpe			sing Home			☐ Other (Special				
Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TH	JURY M	28c. INJU WOF 1 Y	JRY AT RK? ES 2 . N		26d. OEŞCRIBE	HOW INJURY O	CCUREO		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, fact	ory, office		1	261. LOCATION (City or Town,	Street and Numb State)	per or Rural Ro	ute Number,	
COMPLETE	CONSCI GINY	ICIAN: To the best of my knowle									and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			T	29c. LICENS	E NUMB	IER	29d. D	ATE SIGNED (Month, Day, Year)	
TO BE		UMD)	160	50	•	5-	17-40	
,,	30. NAME AND ADDRESS OF PERSON WH		d a	e, Print)	1	Crun	Clas	hane	MO			
7	31. DATE FILEO (Month, Day, Year) MAY 2 9 90	32 BEGISTRAR'S SIGNA	TUBE		-							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	Pages	
or attending priysician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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an you manua	hould be d	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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YSICIAN: The law requires in	ils certificate has been signed by the attending physician and com rith the State Dept. of Health and Mental Hygiene prior to burial, i	B SWOL
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ENDING	DR: After fter death	S is m
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM ERTIFICA			MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH	NA AE	3. TIME OF DEATH			
	Gertrude	Regina Tha	yer			05- 28- 90 YEAR 14:54					
	4. SOCIAL SECURITY NUMBER 820-02-5991	5. SEX 6. AGE (In yrs. le 1 M 2 XF 98	YRS. HON	THS DAYS	IF UNDER 24 HRS. NOURII MIN.	7. DATE OF BIRTN (Month, Day, Year) Apr. 16,	1892 N	BIRTNPLACE (State or Foreign Country) Maryland			
	9e. FACILITY NAME (If not institution, give stre	set and number)	9b.	CITY, TOWN C	R LOCATION OF DE	EATN	9c. COUNTY	OF DEATN			
TOR	Baltimore Coun	ty Gen. Hosp			llstow	n	Bal	timore			
DIRECTOR	Maryland Bali	timore		wn on Locat .timore				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 512 Rocklyn Avenue	e		101	21208			OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 X	RMED NO	If yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:	or No— 14.	RACE — American Indien, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18e. Di ((Conpleted) (1-4 or 5 +)	ECEDENT'S USU. Give kind of work on DO NOT use reti	AL OCCUPATIO done during mo- ired.)	DN st of working	18b. KIND OF BUS	SINESS/INDUST				
7	8		Homemak	er		70	vn Home	2			
CON	17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Melden Surneme) Edward Walsh Theresa Fink										
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	Mary louise Jones		512 Roc	klyn A	Ave. Ba	altimore, l	Md. 212	208			
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remon	val from State other p	of DISPOSITIO		netery, cremetory or	20c. LO		or Town, State nd, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE		crand C	22. NAME AN	ID ADDRESS OF FA						
	Kolunt ML	M0016	7	Durs	t Fune:	ral Home		Box 243 and, Md. 21550			
	23. PART I. Enter the diseasea, pr co			inter the mo	de of dying, suc	h aa cardiac or reap	iratory arrest	, Approximata Interval Between			
	IMMEDIATE CAUSE (Final	shock, or heart failure. List only one cause on each line. EDIATE CAUSE (Final									
	disease or condition resulting in death) a	a. Rangell 1 Crark									
	OUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events										
S	d										
CAL	PART II. Other alignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PRINCIPLY PRINCIPLY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE										
EDI	Cancer) come co		A.		1 🗍 YES 2	Жио	OF DEATH?			
2	1 YES 2 NO										
PHYSICIAN: MEDICAL		HOSPITAL:	01	26. PL	ACE OF DEATH (Ch	eck only one)					
YS		1 Inpatient 2 ER/Outpatient				8 Other (Specify)					
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE NOW I	NJURY OCCUR	ED			
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street	t, factory, offic	•	281, LOCATION (Street City or Town, State)		Rurel Route Number,			
COMPLET	opel —	CIAN: To the best of my knowledge, d			•			auso(a) and manner se stated			
		, and the second second	gation, III	y opinou, o							
8	29b. SIGNATURE AND TITLE OF CERTIFIER	4 00			29c. LICENSE NUI	MBER (580)	29d. DATE SI	IGNEO (Month, Day, Year)			
٩	30. NAME AND ADDRESS OF PERSON WHO	· neith			106	780	7	-01-10			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David Miller,

Dr.

31. DATE FILED (Month, Day, Year)

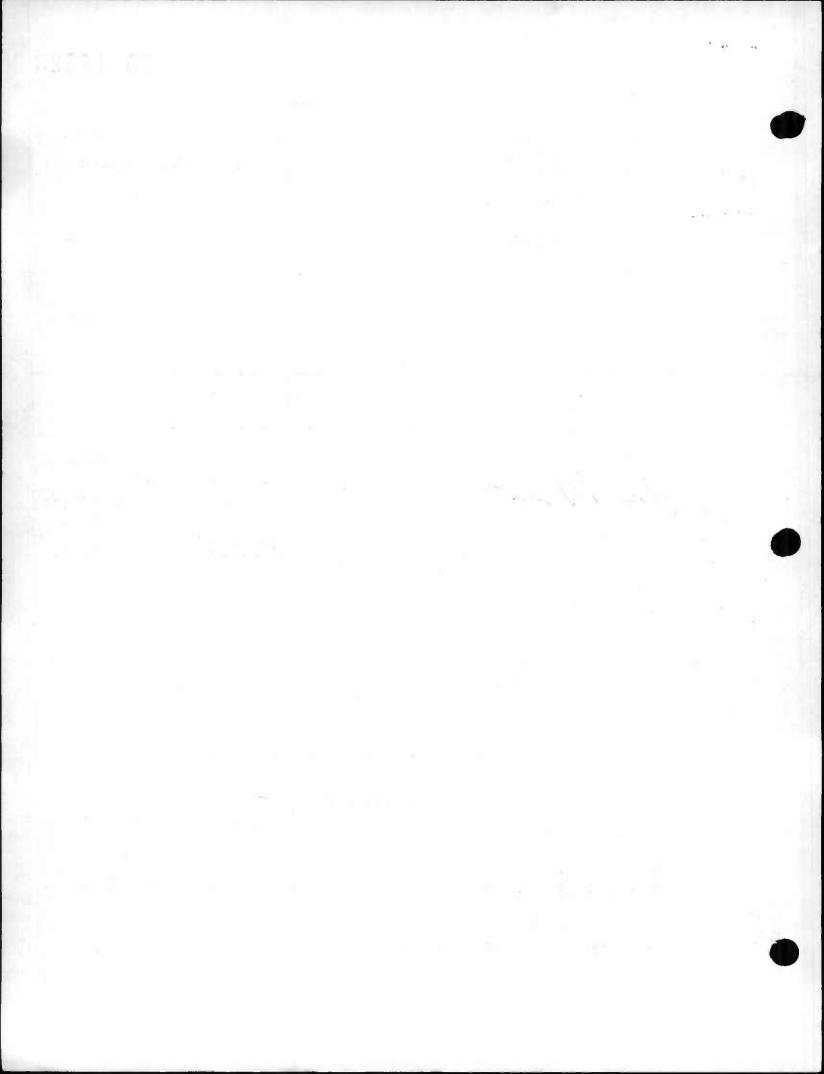
JIN

4 90

M.D.

32. REGISTRAR'S SIGNATURE

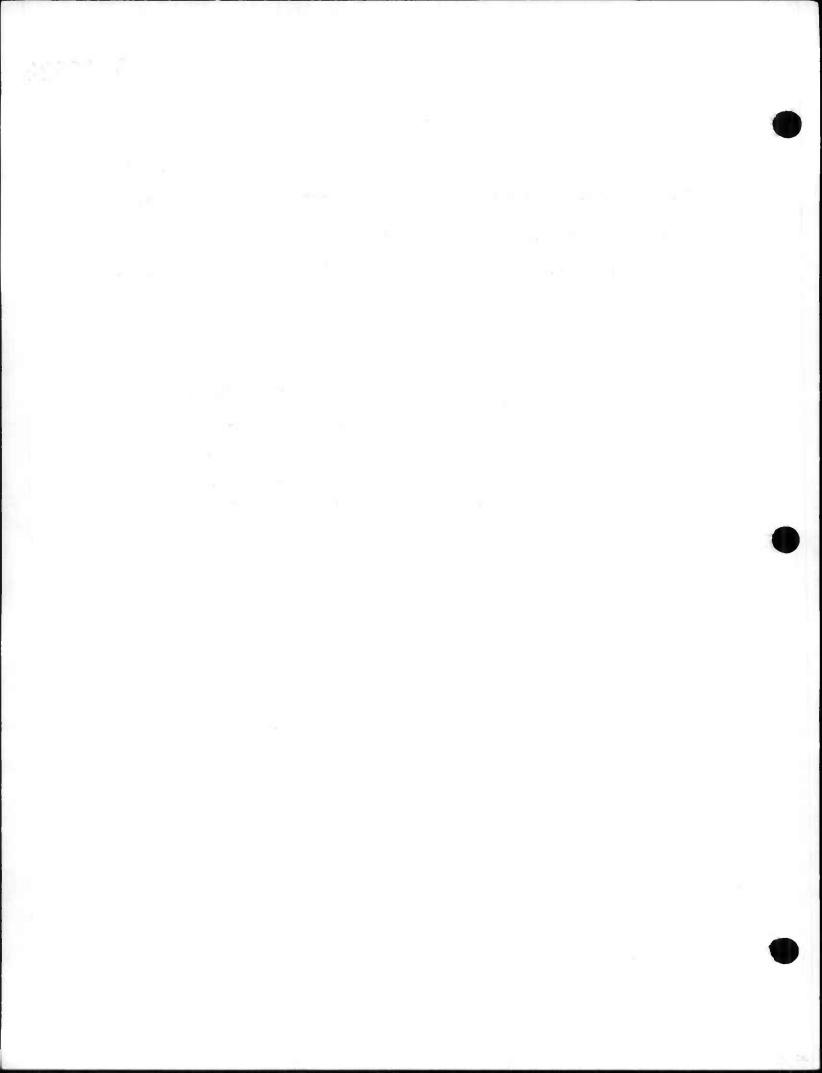
10219 S. Dolfield Road Owings Mills,



DHMH-16 Rev 1/89

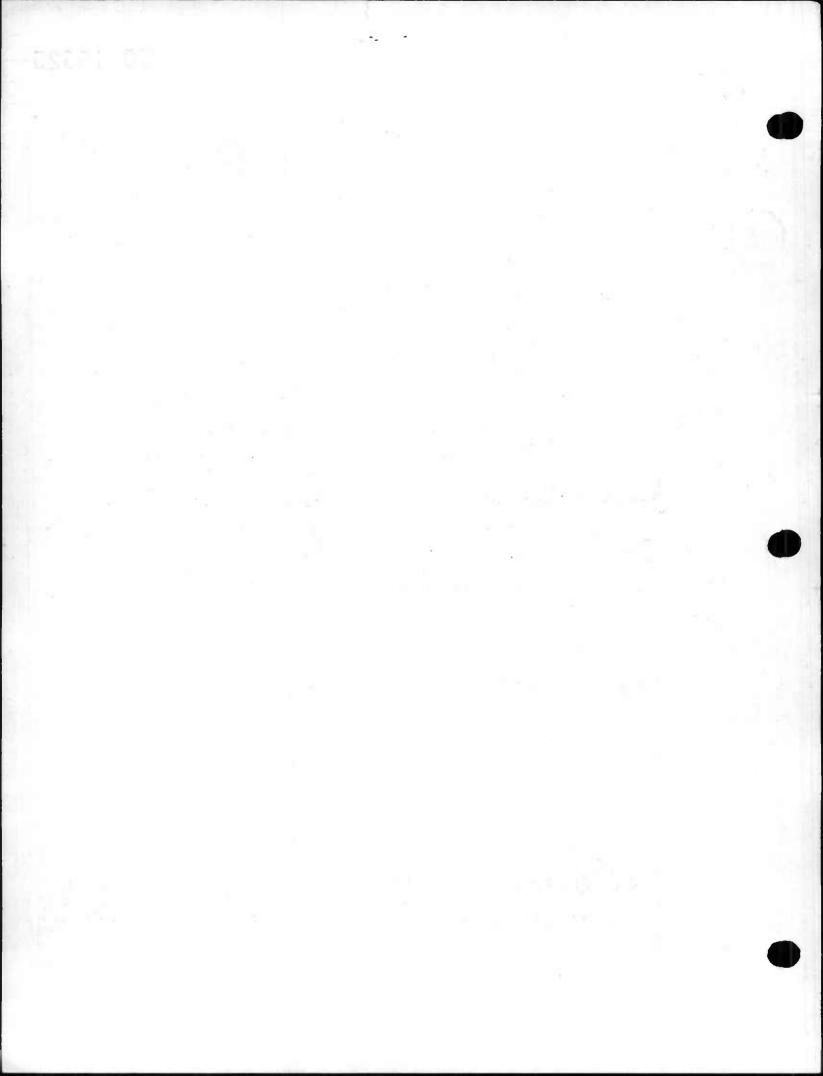
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	REGISTRAR		CER	(TIFIC	AIE OI	DEATH	REG. NO.				
i ,	1. DECEDENT'S NAME (First, Middle, Last) RANDOLPH S	WANSON	TURNE	ER			Month May 23, 1	990	YEAR	ME OF DEATH 0:30 P. M	
		SEX 8. A	GE (In yrs. last bi		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC Country) Virg	E (State or Foreign inia	
	9a FACILITY NAME (If not institution, give stres	, FACILITY NAME (If not institution, give street and number)							TY OF DEATH		
œ	Washington County Hospital					OR LOCATION OF DE					
2	RESIDENCE OF DECEDENT				nage	stown		wasi	hingto	n	
입	10a. STATE 10b. COUNTY		1	Oc. CITY, TO	OWN OR LOC	ATION			10d.	INSIDE CITY	
DIRECTOR	Maryland Wash	ryland Washington			gerst	own			1 🔯	LIMITS? YES 2 NO	
7	10e. STREET AND NUMBER				1	or. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?	
FUNERAL	927 Hamilton Blvd.					21740		U.	.S.A.		
5		2. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARME	D		ECENOENT OF HISPAN	IIC ORIGIN? (Specify Yea			merican Indian, te, atc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			S 2 X NO Specify			Specify:	White	
	15. DECEOENT'S EOUCAT	16a. DECEI	DENT'S USU	JAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDU				
	(Specify only highest grade cor Elamantary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give	kind of work NOT use re	done during i tired.)	nost of working				- 1	
COMPLETED	7		Ca	Carpenter Cor				ction			
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BEC	William Tre	nton	Turner			Ella	Vienna	1,	Hitt		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town				
۴	Elmer D. Turner		31	.18 Ea	ast Ch	es Road,	Chesapeal	ke Bea	ach, M	d. 20732	
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Ramovs	al from State	20b. PLACE OF other place	DISPOSITIO	ON (Name of	semetery, cremetory or			City or Town, S		
	4 Donation 5 Other (Specify)	Smith	sburg	burg Crematorium Smithsburg, Wash,,Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICEN					fman Funer	al Ho	ome. T	nc.		
	· R. hael	pradi					m St., Hag				
	23. PART I. Enter the dieeases, or cor shock, or heart failure. Lis	st only one cause of	on each line.				•			Approximate interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Car	dio.	res	priva	tory	Failu	e.e.		Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):										
8	DUE TO (OR AS A CONSEQUENCE OF): Couly Lete Heart Black B. Bue To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Cearl	DUE TO/OR AS A CONSEQUENCE OF): Legebro Valentae Aceident								
윤	CAUSE (Diseese or injury that initiated events	DUE TO (OR	AS A CONSEOU	ENCE OF):							
E	resulting in deeth) LAST	072	bet	25	M.	allil	us				
	PART II Other dealth and conditions		** • • • • • • • • • • • • • • • • • •				Part I. 24s. WAS AN				
EDICAL	PART ii. Other algnificent conditions	contributing to dea	ith but not res	uiting in t	ne underry	ing cause given in	Part I. 24a. WAS AN PERFOR		AWA	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE	
ă							1 YES 2	NO		DEATH?	
Σ							—		1 [YES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL		_		0.0	PLACE OF DEATH (Ch	not only one'				
PHYSICIAN:	EXAMINER?	OSPITAL:	Mutaplies 2		THER:						
Ĭ.	27. MANNER OF DEATH	28a. DATE OF INJ	URY :	28b. TIME O	F 28c.	ome 5 Residence	28d. DESCRIBE HOW I	NJURY OCC	URED		
	1 Netural 5 Pending	(Month, Day, Y	bar)	INJURY		WORK?					
) BY	2/ Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At home	, farm, stree	et, factory, o	fica	261. LOCATION (Street		or Rural Route	Number,	
Ë	4 Homicide determined	building, etc.	(Specify)				City or Town, State)	,			
빌	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my	knowledge, deatl	occurred a	it the time, d	eta and place, and due	to the cause(a) and ma	nner as atate	pd.		
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of axami	nation and/or inv	estigation, i	n my opinior	, death occured at the	time, data and place, ar	nd due to the	e cause(a) and	manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	-	, US			29c, DICENSE NU	MBER	29d. DATE	SIGNEO (Mor	nth, Day, Year)	
TO BE	1 /wc	7 0	~.1)		10 55	7))		5/2	4/80	
	30. NAME AND ADDRESS OF PERSON WHO		F DEATH (ITEM :	2T) (Type, Pri	1166	ST. A.	greto	wzz	MD	2179	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	<u>ب</u>			,				
	MAY 30 '90 Suha Davidson-Randalle										



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DINORIO C	ir death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	
affect		pe	
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A LIEST	leath	mar	
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	FOR 1 STATE	STATE OF MARYLA				WENTAL HYGIEN		0 10023			
	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last) PAULINE	THOMPS	V	Promp		PEG. NO. 2. DATE OF DEATH MONTH DO	4 199	3. TIME OF DEATH			
	-17-11-11-11-11-11-11-11-11-11-11-11-11-	SEX 6. AGE (III	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 7, 19	8. BH Co	RTHPLACE (State or Foreign suntry) ryland			
TOR	9a. FACILITY NAME (If not institution, give street Peninsula General Ho RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DE Salisbury, MD			9c. COUNTY O				
DIRECTOR	10e. STATE 10b. COUNTY Maryland Ken	t		Fairle		rtown		10d. INSIDE CITY LIMITS? 1 TYES XX NO			
FUNERAL	RFD Fairlee			10	21620		10g. CITIZEN O	OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS Widowed 1 Never Married 2 Married 3 XXVidowed 4 Divorced	, WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ABMED 2 THO TES NO	If yee, a		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	8	ACE — American Indian, Black, White, etc.			
COMPLETED	15, DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 7 grades	ON apleted) college (1-4 or 5+)	16a. DECEDENT'S (Give kind of v ille. Do NOT us Domestic	vork done during m retired.)	ost of working	Various		Y			
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Washington 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alverta Trusty										
10	198. INFORMANT'S NAME (Type/Print) Julia Ann Thompson (Daughter) P.O. Box # 314 Chestertown. Md. 21620										
	206, METHOD OF DISPOSITION Burial 206, Disposition Surial 206, Disposition Commenced of Commenced										
	21. SIGNATURE OF FUNERAL SERVICE LICENS James Q. Pe				s A. Per		P.O. k Hall,	Box Md. 21661			
	23. PART I. Enter the diseases, or com ahock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth)		sch line.	not enter the m	ode of dying, suc	h es cardiec or reap		Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL O	AC P M PERFORMED? AMAILABLE PRIOR TO							COMPLETION OF CAUSE OF DEATH?			
ICIAN		OSPITAL:		28. I	PLACE OF DEATH (Ch	eck only one)					
	1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm, i			281, LOCATION (Street City or Town, State		iral Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowl						use(a) and manner as stated.			
BE	296. SIGNATUME AND TITLE OF CENTIFIER	u	a	D	29c. LICENSE NU	MBER 3756	29d. DATE SIG	NED (Month, Day, Year) 5 -14-90			
10	30. NAME AND ADDITIONS OF PERSON WHO C	HONON	UH.	, Print)	-	melou	St	SALIS MY			
	31. DATE FILED (MONTH, Day (1997)	g the Don't don	amplendally-								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the property of the page 1. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERT	IFICATE	OF I	DEATH		REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF		Y	YEAR	3. TIME OF OEATH	
	THIRLES					W05"	2 9		90 ^{EAR}	7:30 P.M	
4. SOCIAL SECURITY NUMBER 5. S		E (In yrs. last birthd	MONTHS		IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH 0.5 10 1909 M			PLACE (State or Foreign	
577-18-9195 1 59. FACILITY NAME (If not institution, give street a	M 2 XF 81	YR							Maryland		
Greater Laurel-Belts	,	nital		-	LOCATION OF D	EATH					
RESIDENCE OF DECEDENT	vine 1103	Pitai	Laurel Prince George's								
10e. STATE 10b. COUNTY			CITY, TOWN O	R LOCATIO	ON					10d. INSIDE CITY LIMITS?	
	George's	Во	owie							1 XYES 2 NO	
100. STREET AND NUMBER 12906 10th Street					20720					WNAT COUNTRY?	
	WAS DECEDENT EVE	D IN II C ADMED			NDENT OF HISPA	NIC ORIGINA	Passibi Vas		S.A.	E — American Indian,	
1 Never Merried 2 X Merried	FORCES? 1 Y	ES 2 NO	11		olfy Cuben, Mexic	en, Puerto Ric		O/ NO-	Biaci	k, White, etc.	
3 Wildowed 4 Divorced	IF TES, GIVE WAY OF	DAIES		☐ 1E3 2	NO Speci	γ.			эрес	"" White	
15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)		IT'S USUAL OC			16b. K	IND OF BUS	INESS/IN	DUSTRY		
	ollege (1-4 or 5+)	IHe. Do NO	OT use retired.)								
8th Grade		- Waitre	SS				staur				
17. FATHER'S NAME (First, Middle, Last) Henry Malcolm Bly	the 'the				Olive P						
Henry Malcolm Bly	rtile	19h MAH	JNG ADDRESS						in Code)		
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harold A. Thirles [husband] 12906 10th Street, Bowie, Maryland 20720											
20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION (Name of cemetery, cremetory or other place) 20e. METHOD OF DISPOSITION (Name of cemetery, cremetory or other place)											
4 Donetton 1 Other (Specify) Fort Lincoln Cemetery Brentwood, Maryland											
21, BIONATURE, OF FUHERAL BERVICE LIGHNSEE 22, NAME AND ADDRESS OF FACILITY											
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, Md. 20781											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
Interval Between IMMEDIATE CAUSE (Finel Onset and Death											
disease or condition reaulting in death) a	Keep	irater	y 7	au	lure	-					
	DUE TO OR	S A CONSEQUENC	#6h: (40							
Sequentially list conditions, b	Dren	enual	as	-/h	me						
If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A	A CONSEQUENC	E OF):								
CAUSE (Disease or Injury thet initieted events	DUE TO (OR A	S A CONSEQUENC	CE OF):								
resulting in death) LAST											
PART II. Other significent conditions co	entributing to deet	h but not receive	ing in the un	derivino	Cause olven le	Part I	4a. WAS AN	Allmaev	2.0	. WERE AUTOPSY FINDINGS	
mal nutre tion		ii but not resun	ing in the un	derrying	cauae given ii		PERFOR	MED?	296	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
antonotellas	teen of	ON F	desi	ear	9	— I	1 TYES 2	Mo		OF DEATH?	
In the shill me	rel (Q)	2000			-	-				1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	740	pull L		26. PL/	ACE DF DEATH (C	heck only one)				-	
	OSPITAL:	Outpatient 3 DC	OTHER		5 - Residence	8 Other	(Specify)				
27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	RY 28b.	. TIME OF	28c. INJU WOF	IRY AT	_	RIBE HOW I	NJURY O	CCURED		
1 Netural 5 Pending 2 Accident Investigation	(Monan, Day, 10		M		ES 2 NO		N	/A			
3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (URY — At home, fa Specify)	rm, street, fact	ory, office			TON (Street Town, State)		er or Rural	Route Number,	
4 Homicide determined			NA	-				N	A		
290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN											
2 MEDICAL EXAMINER: O	n the basie of examin	ation end/or investi	igation, in my o	pinion, de	ath occured at th	e time, dete e	nd place, en	d due to	the cause(e) end menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER		110			29c. LICENSE NU	IMBER		29d. DA	TE SIGNE	(Month, Day, Year)	
Herarker Harace My 017799 \$ 5/29/90											
						• /				-1160	
30. NAME AND ADDRESS OF PERSON WHO CO	ompleted cause of	DEATH (ITEM 27)	(Type, Print) La	nd	prer	/	ND	2	67	85	

Achia Davidson-Randall

JUN 0 1

BALTIMOE

the hospital or attending physician. AND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimen	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

											90	166	27
	FOR STATE REGISTRAR		STATE OF N			TMENT (MENTAL HYGIEN REG. NO				
	1, DECEDENT'S NAME (First,	, Middle, Last)	1		10		-		2. DATE OF DEATH		YEAR	3. TIME OF DEATH	
	Wilso	100	Mom	PSON					5 25	5	90	0443	м
	4. SOCIAL SECURITY NUME		5. SEX	& AGE (In yrs. les	birthday)	IF UNDER 1 Y		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	PLACE (State or Forei	gn
	213.26.	3384	1 M 2 F	61	YRS.	MONTHS D	AYS HO	DURS MIN.	AUG. 30 1	928		RYLAND	_
	9a. FACILITY NAME (If not in		et and number)			9b. CITY, TO	OWN OR L	OCATION OF D	EATH		INTY OF D		
8	ANNE ARUNDE		AL CENT	ER		ANNA	POLIS	5		AN	NE A	RUNDEL	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			100 017	Y. TOWN OR	OCATION					10d. INSIDE CITY	
1 1 1	MARYLAND		ARUNDEL			DYSID						LIMITS?	.
	10e, STREET AND NUMBER	ANNE	ARORDED		Olin	DIGID		P CODE		T 100 CD	TIZEN OF V	1 YES 2 NO	
FUNERAL	6113 SHADYS	TDE DOA	D				207				S.A.	WHAT COUNTRY	
N N	11. MARITAL STATUS			IT EVER IN U.S. AR	ARED	40 110			NIC ORIGIN? (Specify Yes			E — American Indian,	
교	1 Never Merried 2 🛛		FORCES? 1	YES 2 1	Ю	Hy	es, specify	y Cuban, Mexic	an, Puerto Rican, etc.)	II OF NO-	Black	k, Whita, etc.	'
BY	3 Wildowed 4 Divo	orced		REAN		1 1	YES X	NO Speci	tty:		Speci	ny: BLACK	
<u>a</u>		EDENT'S EDUCA	TION	18a. DE	CEDENT'S	USUAL OCC	JPATION	1.456	16b. KIND OF BU	SINESS/IN		DEACK	$\overline{}$
<u></u>	(Specify onl	y highest grade co	College (1-4 or 5	(G Ilfo.	tve kind of Do NOT u	work done dur se retired.)	ing most of	f working	DAI MILA		0.6	DI DOMDIO	00
릴				BA	CK H	OLE O	PERAT	ΓOR	BALTIMOR	KE GA	15 &	ELECTRIC	CO.
COMPLET	17. FATHER'S NAME (First, M							, MOTHER'S N.	AME (First, Middle, Maiden				
ш	ROOSEVELT T	HOMPSON						JOSI	EPHINE BREN	/T			_
100	19a. INFORMANT'S NAME (Type/Print)		191	. MAILIN	ADDRESS (S	Street and A	Number or Rural	Route Number, City or Tow	n, State, Z	ip Code)		
5	REBECCA_THOM	PSON		61	13 S	HADYS	IDE E	RD. SHA	ADYSIDE, MI	0. 20	764		
	20a. METHOD OF DISPOSIT		al face Otata	20b. PLACE other pl	OF DISPO	SITION (Name	of cametar	ry, crematory or	20c. LC	CATION -	- City or To	own, Stata	
	4 Donation 5 Other		el from State	MARYI	AND	VETER.	AN CI	EMETER	Υ (LE, MD.	
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE			22. NA	ME AND A	ADDRESS OF F	ACILIT821 WEST	ST	ANN	APOLIS, N	ID.
		H	Den	. 0		Tul.	T T . T . T .	AM REES	SE & SONS N				
	23. PART I. Enter the d	lisaskas or co	molications the	t caused the de	eth Do							Approximat	
			st only one cau	use on each line).							Intervel Bet	ween
	IMMEDIATE CAUSE (Find disease or condition	nel	0	-		4.1		0 .				Onset and I	Death
	resulting in death)	→ a.	J CLLY	JOB AS A CONSE	OLIENCE C	1000	uu	ory ldr	jusic au	ays	m	1	-
		10000	0	Dizz	1	Athe	1080	Pure	pric au	7			- 1
ERTIFICATION	Sequentially list condit		but 10	(OR AS A CONSE	DUENCE C	r):	0030		9				
Ä	If eny, leeding to imme cause. Enter UNDERLY	ING J	ble	meilia	in								
띮	CAUSE (Disease or Injuthat Initiated events	nia 🕽 💡	DUE TO	IN AS A CONSE	DUENCE C	r):							
F	resulting in death) LAS	я 📗 "											- 1
S		-											
AL	PART II. Other significa	ent conditiona	contributing to	death but not i	resulting	In the unde	erlying ca	ause given i	n Part I. 24a. WAS AF		246	AVAILABLE PRIOR TO	0
MEDICAL	Cerence	ypru	mo s cu	erric	nuc	MU	use.	1856	1 TYES	2 NO		COMPLETION OF CA OF DEATH?	USE
ME	Churic	nen	al for	eleu								1 YES 2 10	5
			`										
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	-	HOSPITAL:				26. PLACI	E OF DEATH (check only one)				
SIC	1 TES 2 THO			ER/Outpetient 3	□ DOA	OTHER:	g Home	5 Residence	8 Other (Specify)				
£	27. MANNER OF DEATH	52. 70	28a. DATE Of (Month, I		28b. Til	WE OF 2	Bc. INJURY WORK		28d. DESCRIBE HOW	INJURY O	CCURED		
ВУ	1 Natural 5 2 Accident	Pending Investigation				М		2 NO					
ED E	3 Suicide 8	Could not be		OF INJURY - At he, etc. (Specify)	me, ferm,	street, factor	y, office		28f. LOCATION (Street City or Town, State		er or Rural	Floute Number,	
	4 Homicide	determined											
F .	29a. CERTIFIER (Check only	TIFYING PHYSIC	IAN: To the best o	f my knowledge, de	with occur	red et the tim	e, data and	d place, and du	se to the cause(a) and ma	nner as st	ated.		
COMPLET	one) —	CAL EXAMINER	On the basis of	examination and/or	Investigat	ion, in my opi	nion, deati	h occured at th	ne time, data and placa, a	nd due to	the cause(s) and manner as sta	ted.
-	29b. SIGNATURE AND TITL	E OF PERTIFIER					25	9c. LICENSE N	UMBER	29d. D/	TE SIGNE	D (Month, Day, Year)	
8	Musi C	XM.	11 11111	N	N)			8314	•	5/2	25/90	
를 _유	30. NAME AND ADDRESS O	F RERSONLIMHO	COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Tvn	e. Print)	2 .		7 - 1		- (0		-

(ITEM 27) (Type, Print)
20)

TIDOS STATE

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	20	2	Ħ
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Arours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ificate	phys	her
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	death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ury,
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
e, Last)	Tomey	2. DATE OF DEATH DAY

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV VEA	3. TIME OF DEATH	
	JOSEPH. C.	100 m	K3			MONTH A	7 90		6 "
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Fore	ign
	812 - 10-7972 98. FACILITY NAME (If not Institution, give s	1 M 2 F	7-7- YRS.	9b. CITY, TOW	OR LOCATION OF DE	11-5-1	-	ryland	
DIRECTOR	Anne Arundel Medi	cal Center		Annapo	lis		Arne A	rundel	
E	10a. STATE 10b. COUNTY	1	10c. C	ITY, TOWN OR LOC	ATION			10d. INSIDE CITY	
	MAryland Anne	Arundel	11		t Avenue	Arnold	100 CITIZEN C	1 YES 2 X N	10
FUNERAL	1186 Wright Avenu		21012		USA				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Ye	s or No- 14. R	ACE — American Indiar	١,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? TY YES			specify Cuban, Maxica S 2 NO Specifi	n, Puerto Ricen, atc.) y:		white	
	15, DECEDENT'S EDU	MW II	16a, DECEDENT	'S USUAL OCCUPA	FION	18b. KIND OF BU	I ISINESS/INDUSTR		\dashv
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind o	of work done during use retired.)		100110110 01 00			
P	Elementary (c la)		Trans	portatio	n Mgr.	MD Dept	t. of Na	it. Res.	
Ö	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE C	Joesph W. Toomey				Et:hel M	ay Carroli	L		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIP	NG ADDRESS (Street	t and Number or Rural	Route Number, City or Tox	vn, State, Zip Code,)	
	Mrs. Anna G. Toom			as # 10					
	20s. METHOD OF DISPOSITION Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Donation 5 Other (Specify) 20s. LOCATION — City or Town, other place) MD Veterans Cemetery Crownsville, M 22s. NAME AND ADDRESS OF FACILITY								
= 1									-
	> When &	R	1			is Severna	Park, M	D 21146	
	23. PART I. Enter the diseases, or o			not entar tha r	noda of dying, auc	h aa cerdiac or reap	piratory arreat,	Approxima	
	IMMEDIATE CAUSE (Finel	List only one cause on						intarval Be Onset and	
	disease or condition o. Curcles to the condition of the c								
	DUE TO (OH AS A CONSCIUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate Due to (or as a consequence of):								
CAT	ceuse. Enter UNDERLYING	c.							
Ĕ	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS	A CONSEQUENCE	OF):					
EH	resulting in death) LAST	d							
AL C	PART ii. Other significant condition	ns contributing to deeth	but not resultin	g in the underly	ing ceuse given in			24b. WERE AUTOPSY FIN	
S						PERFO	RMED?	AWAILABLE PRIOR T COMPLETION OF CO OF DEATH?	
AED				_	•			t YES 2	6
ž						_			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/	neck only one)			
YSI	1 TYES 2 10 NO	1 ☐ Inpatient 2 ☐ €R/O		4 - Nursing H	ome 5 - Rasidence		616		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year		INJURY	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	0	
1 Natural 5 Pending Investigation 2 Accident Investigation 2 Accident 2 Accid							emi Bouto Mumbar		
TED	3 Suicide 8 Could not be determined	building, atc. (S		n, arrest, rectory, o	nve	City or Town, State	e)	rai riodio ridinosi,	
COMPLET	29a, CERTIFIER 1 CLERTIFYING PHYS	ICIAN: To the best of my kno	owledge, death occi	urred at the time, d	ate and place, and dur	to the cause(s) and mu	onner as stated.		
ME	ane)	ER: On the basis of examinat						se(a) and manner as at	ated.
	29b, SIGNATURE AND TITLE OF CERTIFIE	P			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	_
BE	(Rubaila	Bee	MO F	FCCP	2226	69	1 to	7/90	
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	rpe, Print)	110000		3/(
	600 (Kid	gel Au	c An	ropol	>Md.	21401		121	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	- Nordalla	V					

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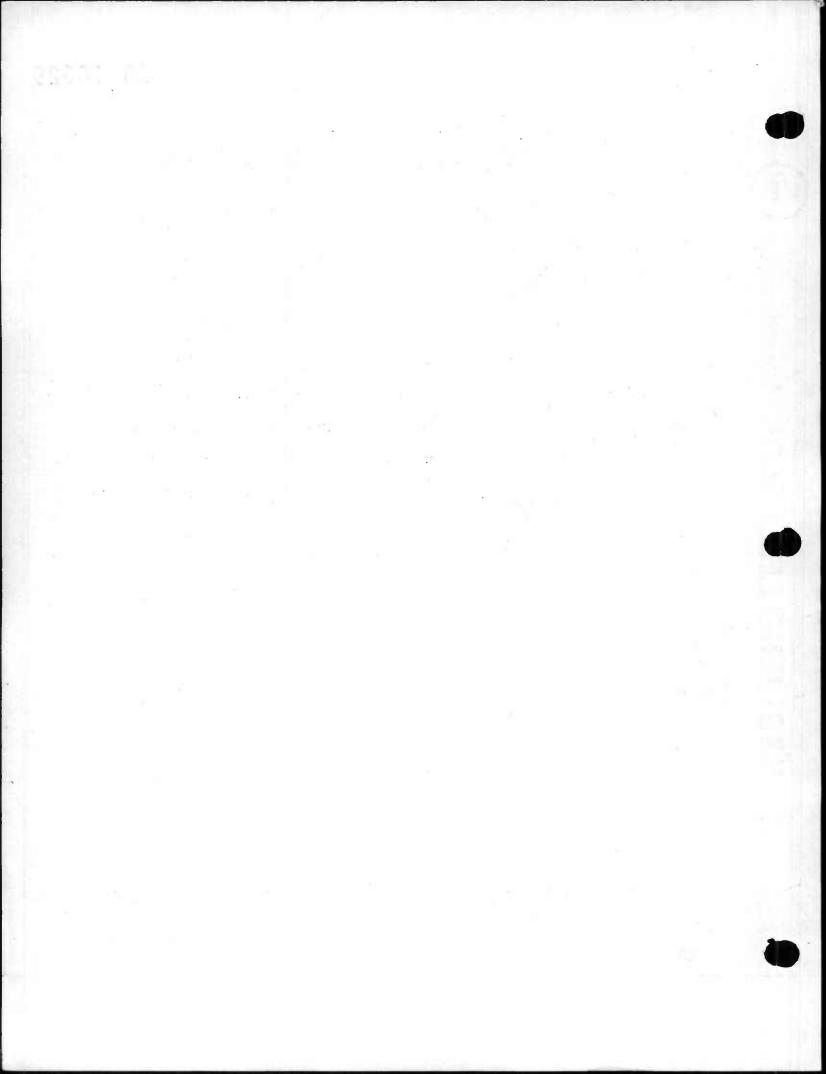
16, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

90 16629

DHMH-18 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF HE	ALTH AND I	MENTAL HYGIEN		0 10025
	1. DECEDENT'S NAME (First, Middle, Last)	ly T	home	Des	n.	2. DATE OF DEATH DO NOTH DO	7 19	3. TIME OF DEATH
				NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5	/5/30° 8	BIRTHIPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give street	end number)	96	CITY, TOWN OF	LOCATION OF DE	ATH	Prince	4
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	/	10c. CITY, TO	OWN OR LOCATION	ON			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO
	Maryland Prince 100. STREET AND NUMBER 1107 Curled Oak Place	George's ce	Cha	101.	S ZIP CODE 0743			of what country?
BY FUNERAL	11. MARITAL STATUS 12. 1 Never Married 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 200	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Year, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIK (Specify only highest grade com Elementary/Secondary (0-12)		6a. DECEDENT'S USE (Give kind of work life. Do NOT use re Nursine	done during most tired.)	The state of the s	BUSINESS/INDUSTRY		
T2th Nursing Assistant Private 17. FATHER'S NAME (First, Middle, Lest) Tim Smith Pearl Davis								
10	19a. INFORMANT'S NAME (Type/Print) Sonja Thompson					Poute Number, City or Tow		
	20 LIETHOD OF DISPOSITION 1-OF Buriel 2 Cremation 3 Removal 4 Dentition 5 Other (Specify)	from State 20b. F	PLACE OF DISPOSITION PROPERTY PROPERTY LI	ncoln C	emetery	Blac	densbur	rg, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Teal,	S					Funeral Home aryland 20785
TION	23. PART I. Enter the diseases, or comphock, or least failure. List immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):		e of dying, such	/ .) i S	Approximats interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	DUE TO (OR AS A C	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO						24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA		OSPITAL:		THER:	S Residence			
II 12 KNRUDII 5 Pendino							ED	
28a DI ACE OF IN NIDY — At home form street feeders office								Rurel Route Number,
COMPLETED	Torribon orny	t: To the best of my knowled in the basis of examination						ause(a) and manner as stated.
TO BE	29b. SIGNATURE AND THE OF CENTIFIER 30, MAME AND ADDRESS OF PERSON WHO CO	OMPLETED DAUSE OF DEA	2 2 PART AND PRINTED P) int)	29c. LICENSE NUI	9 2 Y	29d. DATE SI	GNED (Month, Day, Year) 417, 1990
	31. DATE FILED (Month, Day, Year) 1 23 90 Lulio	Jandon Brad						

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DALIMORE, MARILAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fleet within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13140	executed w	in and comp to burial, ci	umatic eve
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	h certificate be	inding physicial Hygiene prior	or other tra
ADV, R	that the death	d by the atte	ny injury, o
X FCC	aw requires	s been signe opt. of Health	3 shows a
. VIIAL	SICIAN: The I	certificate ha	, or item 2
ON CO	NDING PHYS	R. After this in death with	is marked
DIVIS	AL OR AITE	AL DIRECTOR	If item 28
	THE HOSPIT	TO THE FUNERA	IMPORTANT:

	FOR STATE REGISTRAR	STATE OF N			TMENT ICATE				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATH DA	Y	YEAR 3.	TIME OF DEATH
	JAMES RONA	LD		THO	MPSO	N			5	25			06 A M
	4. SOCIAL SECURITY NUMBER 214-48-8856	5. SEX 1 X M 2 F		30 YRS. B. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			(Month, Day, Year) Country)				CE (State or Foreign		
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN	R LOCATI	ON OF DE			9c. COUN	TY OF DEAT	
TOR	Prince George's	General	Hospita	al		Ch	ever	ly			Pri	nce GI	Eorge's
DIRECTOR								d. INSIDE CITY LIMITS? YES 2 X NO					
FUNERAL	RT. 3, BOX 35						5 X 5X 5				S.A.	T COUNTRY?	
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Aarried 2 Married FORCES? 1 YES 2 XNO				WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuban, Maxican, Puerto Rican, atc.) The Yes 2 No Specify:				or No	14. RACE — Black, W Specify: WH	American Indian, hita, etc. ITE	
COMPLETED	(Specify only highest grade completed) (Give Elementery/Secondary (0-12) Cotlege (1-4 or 5 +)			live kind of Do NOT u	DENT'S USUAL OCCUPATION dind of work done during most of working NOT use retired.)				16b.	CONST			
BE (19a. INFORMANT'S NAME (Type/Print)	A II DON	11	b. MAILING	ADDRESS	S (Street a				per, City or Town		Code)	
임	ALMA TERESA THO	MPSON .		P.O	. BOX	16	5, H	OLLYV	WOOD,	MD.	20636		
	20a. METHOD OF DISPOSITION 12 Burial 2 Crematton 3 Rem 4 Donatton 5 Other (Specify)	oval from Stata	20b. PLACE other p	lace)	PEL C			matory or				OOD,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Har	dirie		N	ATT	INGL		ARDIN	VER FUI			, P.A. 0650
	23. PART I. Enter the diseases, or a shock, or heart fellure.				not enter	the mo	de of dy	ing, suc	h as card	fisc or reap	ratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Mu	iltiple	inju									Onset and Death
NO	Sequentially list conditions,	b	(OR AS A CONSI										
CATI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c											
CERTIFICATION	that initieted events reaulting in death) LAST	d	(OR AS A CONSI	EOUENCE	OF):								
5	PART II. Other significant condition	as contributing to	death but not	resulting	In the u	nderivin	a cause	given in	Part I.	24e, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
SPI	<u> </u>									PERFO	RMEO?	AA CI	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDICA										1 63 763 7	. [] NO		F DEATH?
							_		_				Q iso a B iso
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	neck only or	ne)			
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL:		3 🗆 DOA	OTHE 4 Nu		me 5 □ F	tealdence	6 🗆 Othe	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O	F INJURY Day, Year)	28b. Tt		28c. IN	JURY AT		_	SCRIBE HOW	INJURY OC	CUREO	
>	1 Natural 5 Pending 2 Accident Investigation	5-24			51p"		YES 2	⊠ NO	Per	destri	an st	ruck	by auto
ED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY At I , etc. (Specify)	ome, ferm	, street, fed	ctory, offi	ce		City	or Town, State)		st. Mary'
COMPLET	Check only	ICIAN: To the best o			rred at the	time, dat	e and plac	a, and dua					Co., Md.
OM	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/o	r investigat	flon, in my	opinion,	death occ	ured at the	time, date	and place, a	nd due to th	ne cause(a) a	nd manner as stated.
BE	296 SONATURE AND TITLE OF CERTIFIE	1	A	IN			29c. LI	CENSE NU	MBER CME		29d, DAT	5-26-	forth, Day, Year) -90
2	30. NAME AND ADDRESS OF PERSON WI	O'COMPLETED CAL	SE OF DEATH IT	EM ET) (M	Print)						•		

111 Penn Street

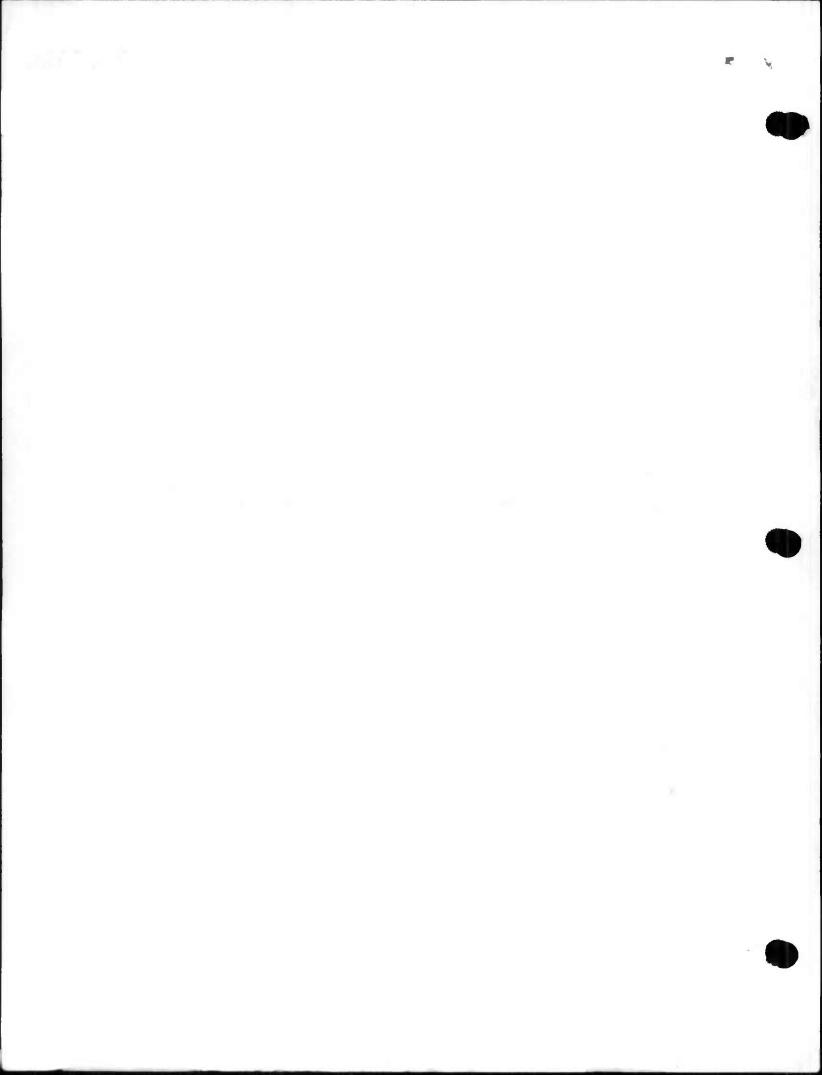
32. REGISTRAR'S SIGNATURE
Sulia Savidson-Randalle

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Mario F.
31. DATE FILED (Month, Day, Year)
MAY 2 9 '90

OHMH-16 Rev 1/89

Baltimore, MD 21201



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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ITMENT OF H			MENTAL HYG REG.		50	10001			
	1. DECEDENT'S NAME (First, Middle, Lest) Kelly M		Tay1				2. DATE OF OEAT	H SAY	3. 90	TIME OF OEATH 1:43 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n yrs. last birthday)	#F UNDER 1 YEAR	#F UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Ye	- 1	, ,	CE (State or Foreign			
	212-11-9494 98. FACILITY NAME (If not institution, give str	net and number	YRS.	9b. CITY, TOWN		1	0-06-1970 MD			н			
O.B.	Rt. 220	Pinto			2		legany						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?				
9	MD Allegar	ı y	Cre	saptown.						YES 2 NO			
FUNERAL	4501 Winchester Ro	100. STREET AND NUMBER						109. CITIZEN OF WHAT COUNTRY?					
IN S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT (IIC ORIGIN? (Special	y Yes or No-		American Indian, hite, atc.			
N X	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			K ₂ M NO			,	Specify: whi	te			
TED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)		USUAL OCCUPATI		ing	16b. KIND O	BUSINESS/IND	USTRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	itress	se reared.)			D'Atris	Resta	urant				
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)			c			ME (First, Middle, M. Evans	siden Sumame)					
BE	Harry Isaac Taylor 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING				Route Number, City of	r Town, State, Zip	Code)				
TO BE	Mr. & Mrs. Harry I	_Taylor 1	14501 W	incheste	er Ro	ad C	resaptov	m, MD	21502				
3	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rama 4 Donation 5 Other (Specify)	oval from State	other place)	SITION (Name of ca urial Pa	_	matory or		e LOCATION — perland		State			
)	21. SIGNATURE OF FUNERAL SERVICE LIC		LCIESC D	22. NAME A	ND ADDRE		CILITY	CITAIR	, 120				
1	1 Chango 7	Mayo 11	li	Scarpe Cumber	land,	uner MD	al Home 21502						
Consult. US	23. PART Finter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Batween Onset and Death DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
101		d											
D BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1X YES 2 NO								MILABLE PRIOR TO OMPLETION OF CAUSE				
AN:	25. WAS CASE REFERRED TO MEDICAL			26.5	H ACE OF	DEATH /C	neck only one)						
PHYSICIAN:	EXAMINER? 1XXYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etient 3 🗆 DOA	OTHER.			8 X Other (Specifi	o road/	scene				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		ME OF 28c. IN	JURY AT ORK?		28d. DEŞCRIBE I	IOW INJURY OC	CURED	1			
ED BY	2 XXxccident Investigation 3 Suicide 8 Could not be	6/9/90 28e. PLACE OF INJURY building, etc. (Spec	- At home, ferm,	OA -		∑ ио	281. LOCATION (S City or Town,	treet end Numbe		uck impact • Number			
ETE	4 Homicide determined		road					O, Pint					
O BE COMPLETE	(Check only	CIAN: To the best of my know R: On the basis of examination								nd menner as stated,			
BEC	29b. SHOMATURE AND TITLE OF CERTIFIES	₹				CENSE NU		29d. DAT		onth, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Tree	e, Print)		OCME			6/9/9	U			
	James A Kaplan	, M.D Asss	sistant		1 Pe	nn S	t. Balt	o.MD.		SS			
	JUN 1 1 1990 galia	32. REGISTRAR'S SIGN	ATURE										

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

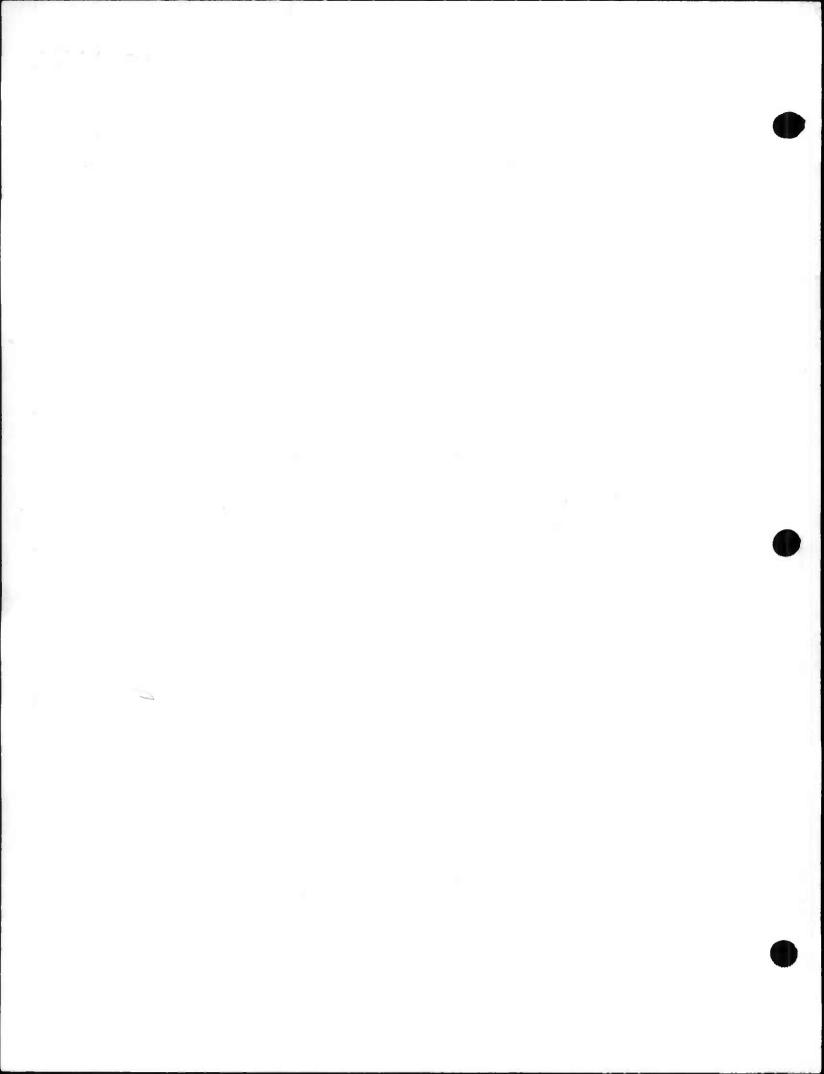
TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) MARY	CHARLO	TTE	TOLMAN	2. DATE OF MONTH MAY	DEATH DAY 22,	1990	3. TIME OF DEATH 1:25 am			
4. SOCIAL SECURITY NUMBER 541-96-0132	5. SEX 8. AGE (F UNDER 1 YEAR IF UNDER 24 I	Countr	IPLACE (State or Foreign Y) IGON					
9a. FACILITY NAME (If not institution, give s	street and number)	9	b. CITY, TOWN OR LOCATION		3, 1963 9c. cc	OUNTY OF D				
CLINICAL CENTE	ER (NIH)		BETHESDA		M	MONTGOMERY				
10a. STATE 10b. COUNT	ackamas	10c. CITY, 1	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
OREGON		WE	ST LINN		1.0		1 V YES 2 NO			
18787 TRILLIU			101. ZIP CODE 97068			USA				
11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Black, White, etc. Specify: WHIT										
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATION k done during most of working	16b. K	IND OF BUSINESS/	INDUSTRY				
Elamentary/Secondary (0-12)	College (1-4 or 5+) 4 VYS	Student	k done during most of working etired.) Manager	,		7.8				
17. FATHER'S NAME (First, Middle, Last)	1 340	<u></u>	Trainee		Olume :	Shoes_				
CEORGE OTIS TOLMAN MARY LUCY BABIARZ										
19a. INFORMANT'S NAME (Type/Print) MR. GEORGE TOLMAN	T		DDRESS (Street and Number or	Rural Route Number,	City or Town, State,	Zip Code)				
20b PLACE OF DISPOSITION // Amend company or In C. 20c LOCATION City or Town State										
1 Burlal 2 Cremetion 3 M Removal from Stata Holman, Hankins, Bowker & Waud Oregon City Oregon 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home										
21. SIGNATURE OF JUNERAL, SERVICE LI	J. Ha	ller	4217	9th Str	reet, N.	W.,	eral Home			
23. PART I. Enter the dieases, or shock, or heart fallure.	complications that cause	d the death. Do not	enter the mode of dying	such ee cerdia	c or reepiretory	errest,	Approximeta Interval Between			
IMMEDIATE CAUSE (Final disease or condition	1		Shock				Onset and Death			
resulting in death)	8	A CONSEQUENCE OF):					auys			
Sequentially list conditions,	· Hodo	Kins	Viscase				years			
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	CONSEQUENCE OF):					, '			
CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):								
	d						+			
PART II. Other aignificant condition		therapy	the underlying cause giv		PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE			
respirat		lure		'	I TES 2 NO		OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEA	TH (Check only one)						
1 YES 2 NO	1 Inpatient 2 ☐ ER/Out 28s. DATE OF INJURY	petiant 3 DOA 4	OF 28c, INJURY AT		Specify) RIBE HOW INJURY	OCCURED				
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 YES 2 P	10						
3 Suicida 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str scify)	eet, fectory, office		ION (Street and Nun Town, State)	mber or Rural	Route Number,			
one)	SICIAN: To the best of my know						a) and manner ea atated.			
29b. SIGNATURE AND TITLE OF CERTIFIE	"UM) Cr	tellow	29c. LICENS	D3993	29d.	DATE SIGNED	0 (Month, pay, Year) 2.3 90			
30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF D		ROCKVILLE P	KE, BET	HESDA. M	ID 20	892			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE			,					
May 24'90	Sula Trindron-A	andelle								



FOR

or attending physician.

The use as the burial-transit permit, Pages 1, 2, 3 should

0-21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s flours after death. Page 6 may be near TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IN THE MEDIAN IN THE MEDIAN OF THE MEDIAN IN THE MEDIAN OF THE MEDIAN O

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

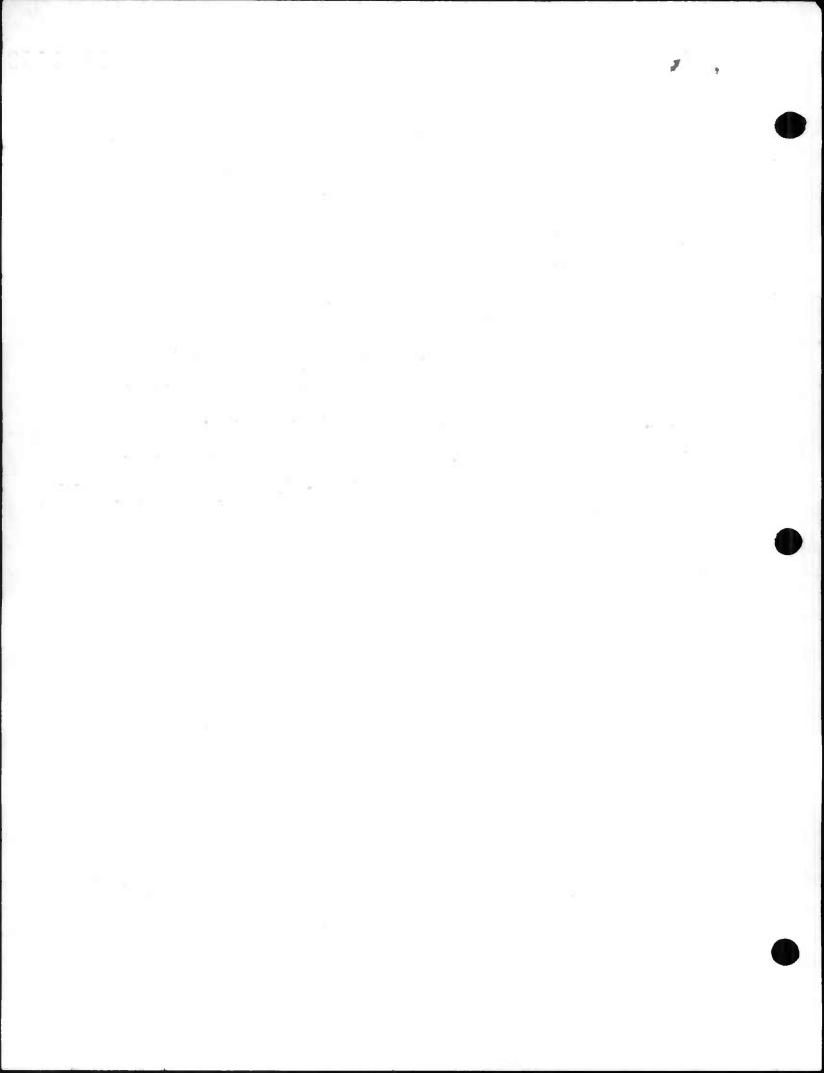
1 - STATE REGISTRAR		CE	RTIFI	CATE O	F DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		YEAR	3. TIME	OF DEATH	1
Joan Hel	2en		Tirer	1		May	14, 1	990	TEAR	11	:45	ам
4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs. lest		IF UNDER 1 YEA		7. OATE	OF BIRTH h, Day, Year)		8. BIRTI Count	HPLACE (S	tate or For	eign
100 24 8843	□ M 2 😾 F	60	YRS.	MONTHS DAY	S HOURS MIN.	Apri	l 29,1	930		"Yor	k	
9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOW	N OR LOCATION OF DE			v	INTY OF D	EATH		
Greater Laurel-Bel	ltsville	e Hospit	al	Laur	el			Pri	ince	Geor	ge	
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION						IOE CITY	
Naryland Prince	George	3		Lau	rel						S 2 X	NO
10e. STREET AND NUMBER					101, ZIP CODE			10g. CI	TIZEN OF	WNAT COL	INTRY?	
8614 Portsmouth Dru					20708			us				
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES 2 NO DATES 13. Was DECEDENT OF RISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. Specify:								n,				
15. OECEDENT'S EDUCATI (Specify only highest grade com	ON prieted)			ISUAL OCCUP	ATION most of working	16b	. KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	ollege (1-4 or 5 +) life.	Do NOT use	retired.)			1-2-4					
Grade 11		edit	or				Arbi	tron				
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA			,				
William Herman		Kru	pp		He	len	Brock	emeie	ソて			
19e. INFORMANT'S NAME (Type/Print)		100			et end Number or Rural							
David Tiren		8	614 1	Portsm	outh Drive	e, La	urel,	Mary	plano	l 207	08	
20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetton 3 Removal	4 O4-4-	20b. PLACE (OF DISPOSI	TION (Name of	cemetery, cremetory or		20c. LO	CATION -	- City or T	own, State		
4 Donetion 5 Other (Specify)	from State	Maryl	and S	State	Veterans (Cemet	ery (crown	rsvil	le,	Md	
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /			22. NAMI	ANO ADORESS OF FA	CILITY						
· //	11	. /		Donu	aldson Fun	reral	Home,	Lau	irel.	Mar	ylan	.d
(xause).	KA	elde	w									
23. PART I. Entar the diseases, or com ahock, or heart fallure. List	only one cau	se on each ilne.						eratory a	rrest,		proxima arvai Be	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	epatic	ms	uffic	iency ser of A					0	nset snd	Death
	DUE TO	(OR AS A CONSEC	DUENCE OF	A and	1. 11	1000	200			i		
Sequantially list conditions, b.	DUE TO	(OR AS A CONSEC	.YC	Came	es of		241			-		
If any, leading to immediate cause. Enter UNDERLYING	DOE TO	(On AS A CONSEC	DENCE OF):	V					į		
CAUSE (Disease or Injury C	DUE TO	(OR AS A CONSEC	MIENCE OF							-		
that initiated events resulting in death) LAST	502 10	(OII NO N CONSEC	DENGE OF	,.						ĺ		
d												
PART II. Other significant conditions of	ontributing to	death but not r	esuiting in	tha undari	ying cause given in	Part I.	24a. WAS AN		7 24	b. WERE A		
							PERFO	NO NO		COMPLE	LE PRIOR	
	-						1 1E3	1		OF DEAT	`H? S2 □ P	10
								/		, 6	🗆 '	ĭ
25, WAS CASE REFERRED TO MEDICAL				21	. PLACE OF OEATN (C)	heck anlv n	ne)					
	OSPITAL:	ER/Outpatient 3	□ post	OTHER:								
27. MANNER OF DEATH	28a, DATE OF	INJURY	28b. TIME		Nome 5 Realdence	4	er (Specify) SCRIBE HOW	INJURY O	CCURED			
Natural 5 Pending	(Month, D	ay, Year)	INJU	JRY	WORK?		e non					
2 Accident Investigation	28a PLACE O	F INJURY — At ho	me term ~			285 100	CATION (Street	and Alumb	war ner Dissert	Boute Mr.	shar	
3 Suicide 8 Could not be determined	building,	etc. (Specify)	1110, IMIIII, D	treet, factory, t	orne		or Town, State		or or nores	node non	noor,	
29e. CERTIFIER CERTIFYING PHYSICIA	N: To the heat of	my knowledge de	ath pecure	d at the time	date and place, and the	a to the co	use(e) and me	nner == =	tated.			
(Check only one) 2 MEDICAL EXAMINER:										(e) and ma	nner ee #	tated.
		411		, ,	7000 INIO 300 000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tera iran		an annex		will.
296. SIGNATUME AND TITLE OF CERTIFIER	111000	D/WA/			29c, LICENSE NU	MBER		29d. D/	ATE SIGNE	DYMonth,	Jay, Year)	
ynusun U.	ma	4/100			N23	<u> </u>		1	119	190		
30. NAME AND ADDRESS OF PERSON WHO C		SE OF DEATH (ITE	27) (Type,	Mille	FMD 20	770	MI	ARNI	VD.	Wes	12	
31. DATE FUED (Mooth, Dog May)		R'S SIGNATURE	ando PR									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with lessate Dept. of Health and Merital Hygiene prior to buhal, create the burn 28 is marked in the state Dept. A physician in Interview or or Inthe Traumatile, even
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law red TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. OF BEDOCHART. If New 78 is repeted on them 73 en
TO THE HOSPITAL OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this cer be fied within 72 hours after death with in
TO THE HOSPITAL OR TO THE FUNERAL DIRE TO Filed within 72 hour

*	FOR 1 STATE		STATE OF N	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH	AND N	MENTAL	. HYGIEN	E		
	REGISTRAR 1. DECEDENT'S NAME (First,	Miririlo I acti	James	Willi	ERTIF	ICATE Under	_		TH	2 DATE	REG. NO.	-	3 TIM	E OF DEATN
	TAMES	WILL		VIIII.			.woo	A		MONTH		7	12	PM M
	4. 929 49 SEAURITH HAVE 219-44-9	5 P 5	5. SEX 1)X M 2 F	6. AGE (1/4/3) 43		IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE (0F BIRTH . 0w/25°	47	BUTTNPLACE Section	(State or Foreign
OR	9a. FACILITY NAME (If not in.	stitution, give stree Fort Ho	oyle Roa	ad		96. CITY,	TOWN O		on of de	ATN		Hang	or peath or ford	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CI	ry, town o	R LOCAT	ION					10d. II	NSIDE CITY
HE	Maryland	На	arford			Jopp	pa						10	IMITS? YES 2 NO
FUNERAL	32 Fort Hoy	yle Road	đ				10t	2108	5			USA	OF WHAT C	OUNTRY?
BY FUN		MARITAL STATUS Never Married Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White							erican Indian, n, atc.					
9	15. DEC (Specify only	EDENT'S EDUCAT	TION ompleted)	16a.	DECEDENT'S	work done o	CCUPATIO	ON st of work	ing	16b.	KINO OF BU	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	Me Me	ch. En	ise retired.		g Te	chni			overm		
BE COI	17. FATHER'S NAME (First, M James V	William	Unde	rwood				16. MOT	HER'S NA	Me (First, M Lean	OLA Ka	Sumame)	esch	
10 B	19a. INFORMANT'S NAME (7 Mary G. Unde		_		32 Fo	address ort H	s (Street a	RO3	d, J	oppa	Md.	21085°	ode)	
	20a. METHOD OF DISPOSIT 1 2X Buriel 2 Crematic 4 Donation 5 Other	n 3 🗆 Removi	al from State	20b. PLAC Other	Zion	Ceme!	me of cer tery	metery, cre	matory or			cation — ch		nte
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009													
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition reauting in daeth)	aart fellure. Lie	st only one cau	ise on each i	ne.								- 11	Approximate Intarval Between Onset and Daath
Z			Carro	(OR AS A CON	SEOURNCE	OF):		ti	Be	we	e	,		
ATIO	Sequantially list condit if any, leading to imma			(OR AS A CON	SECUENCE (
CERTIFICATION	cause. Enter UNDERLY	diata ING	DUE TO	1011 23 2 0011	JEOULITUE !	OF):								
	cause. Enter UNDERLY: CAUSE (Disease or inju- that initiated events resulting in daeth) LAS	diata iNG iry c.		(OR AS A CON										
	PART il. Othar aignifica	diata iNG ury c.	DUE TO	(OR AS A CON	SEQUENCE (OF):	ndarlyin		given in	Part i.	24s. WAS AN			AUTOPSY FINDINGS
	PART il. Othar aignifica	diata iNG ury c.	DUE TO	(OR AS A CON	SEQUENCE (OF):	ndarlyin		glven in	Part i.	24s. WAS AN PERFOI	RMED?	COMP OF DE	ABLE PRIOR TO LETION OF CAUSE EATH?
MEDICAL	PART II. Other aignifica	diata iNG ury c.	DUE TO	(OR AS A CON	SEQUENCE (OF):	ndarlyin		given in	Part i.	PERFO	RMED?	COMP OF DE	ABLE PRIOR TO LETION OF CAUSE
MEDICAL	PART II. Other aignifica	diata (ING c. IT) d. d. d. onditiona	DUE TO	(OR AS A CON	SEQUENCE (OF):	26. P	g cause	given in	_	PERFO	RMED?	COMP OF DE	ABLE PRIOR TO LETION OF CAUSE EATH?
MEDICAL	PART II. Other aignifica	dieta (ING c. III) d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO	death but no	sequence of treatiling	OTHE	26. Pi R: sing Non	g cause		eck only or	PERFOI 1 YES :	RMED?	AVAILL COMP OF DE	ABLE PRIOR TO LETION OF CAUSE EATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	dieta (ING c. III) d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO contributing to HOSPITAL: 1 Inpatient 2 28a. DATE OI	death but no	sequence of reaulting	OTHE	26. Pi R: sing Non 28c. IN.	g cause	DEATH (Ch	eck only or	PERFOI 1 YES :	RMED?	AVAILL COMP OF DE	ABLE PRIOR TO LETION OF CAUSE EATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Accident 3 Sulcida 8	diata iNG c. int conditiona	DUE TO contributing to HOSPITAL: 1 Inpetient 2 (28e. DATE 0 (Month, I 28e. PLACE 0	death but no	3 DOA	OTHEL OT	26. PI R: sling Non 28c. IN. W(g cause	DEATH (Ch	8 Other	PERFOI 1 YES:	INJURY OCCU	AMAIL COMP OF DE 1	ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Accident 3 Suicide 8 Homicide	dieta ING C. T d. d. Pending Investigation Could not ba determined	DUE TO contributing to HOSPITAL: 1 Inpetient 2 (28e. DATE 0 (Month, I 28e. PLACE 0	e death but no electronic deat	3 DOA 28b. TI	OTHE OF JURY M , street, fac	26. PI R: sing Non 28c. IN. W(1 tory, office	g cause	DEATH (Charles of the Control of the	8 Othe 28d. DE	PERFOI 1 YES : 1 (Specify) SCRIBE NOW ATION (Street or fown, State)	INJURY OCCUI	AMAILCOMP OF DE 1 RED RED	ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only one) 2 MED	dieta ING IT d. d. d. d. d. d. d. d. d. d	DUE TO contributing to HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month.) 28a. PLACE 0 building IAN: To the base of a	ER/Outpatient F INJURY Dey, Year) OF INSURY — At sic. (Specify)	3 DOA 28b. Ti	OTHE 4 Num ME OF JURY M , streat, fac	26. Pl R: sing Non 28c. IN. WC 1 tory, office	g cause LACE OF ne 5 DRK? YES 2 a and place death occ	DEATH (Charles of the Control of the	8 Othe 28d. DE: 28t. LOC City to the case	PERFOI 1 YES : 1 (Specify) SCRIBE NOW ATION (Street or fown, State)	and Number or	AMAILCOMP OF DE 1 RED RED	ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 THO Tumber, menner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Accidant 3 Sulcida 8 Homicide 29a. CERTIFIER (Check only one) 2 MED	dieta iNG c. iT d. d. int conditiona O MEDICAL Pending investigation Could not be determined TIFYING PHYSICI DICAL EXAMINER: E OF CERTIFIER	DUE TO contributing to HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month.) 28a. PLACE 0 building IAN: To the base of a	ER/Outpatient F INJURY Dey, Year) OF INSURY — At sic. (Specify)	3 DOA 28b. Ti	OTHE 4 Num ME OF JURY M , streat, fac	26. Pl R: sing Non 28c. IN. WC 1 tory, office	g cause LACE OF THE 5 DATE OF THE 1 DATE O	DEATH (Chasted Charles of the NO	8 Othe 28d. DE: 28t. LOC City to the care time, date	PERFOI 1 VES : 1 (Specify) SCRIBE NOW ATION (Street or Town, State) use(a) and ma	and Number or	AMAILCOMP OF DE 1	ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 (1) NO Tumber, Tumber, The control of the control o



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Maryland

> 10d. INSIDE CITY LIMITS? 1 🗌 YES 2 🔀 NO

14. RACE — American Indian, Black, White, etc.

(P.O. BOX 195)

Approximate intarvai Between **Onaet and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

OF DEATH? 1 YES 2 NO

COMPLETION OF CAUSE

burial-trans

5 Pending

6 Could not be

1 Natural

2 Accident
3 Suicide

4 Homicide

(Check only one)

31. DATE FILED (Month, Day, Year) 5 '90

BY

COMPLETED

BE 2

	OV ELIMEDAL DIDECTOR
rust be notified at once.	TO BE COMBI ETED BY E
medical examiner n	
ther traumatic event, the	IEICATION
23 shows any injury, or o	AN: MEDICAL CEDI
Item	101

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, List) Catheri	ne Ela	ine	Unale	shee				2. DATE OF DE MONTH 06-0	DAY		8 3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthdey)		YEAR	IF UNDER	24 HRS.	7. DATE OF BIS	HTH		RTHPLACE (State or Fo
	212-18-1262	1 🗆 M 2 🔀 F	74	YRS.		DAYS	HOURS	MIN.	(Month, Day, 10-0	Year)		laryland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE							F DEATH
FUNERAL DIRECTOR	6114 Chesworth	n Road			Catonsville Baltimore							
낊	10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
H	Maryland Balt	cimore		Cat	consv	il.	le					1 TYES 2 🔀
A	10e. STREET AND NUMBER						. ZIP COD	E			10g. CITIZEN C	F WHAT COUNTRY?
EH	6114 Chesworth	n Road					212	228			U.S	S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3X Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 NO	11	res, spe	ENDENT (ocify Cube 2 X NO	n, Maxica	NIC ORIGIN? (Spen, Puerto Ricen, y:	etc.)		ACE — American Indi- lack, Whita, etc. pecify:
	15. DECEDENT'S ED	I	1.0	se. DECEDENT'S		UBATIC	***		Lash Minus	OF BUILD	INESS/INDUSTR	White
	(Specify only highest grad	e completed)		(Give kind of life. Do NOT u	work done du se retired.)	ing mo	st of world	ng	IOU. KIND	OF BUS	INESS/INDOS I N	•
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Nur					Не	alt	n Care	ž
	17. FATHER'S NAME (First, Middle, Last) James W.	Cline						HER'S NA	ME (First, Middle, Le		ine	
BE	19a. INFORMANT'S NAME (Type/Print)								Route Number, Cit			
우	Richard Ungles	sbee		521	5 Lir	to	n Ro	oad	Sykes	vil	le, MI	21784
	20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Res 4 Donation 5 Other (Specify)	noval from State	20b. P	LACE OF DISPO ther place) restlav	sition (Nam Vn. Men	of con	netery, cree Lal (matory or Garde	ens		riotts	v Town, State Ville, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	8 ag		22. N	ME AN	ND ADDRE	SS OF FA	CILITY		15 0	DOI: 10
	· Brian	of. The	right	ℓ					RAL HO D 21784			BOX 195 5-1400
	23. PART i. Enter the diseases, or ahock, or heart fellure											Approxim interval B Onset an
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. M.	Ins	tute		2	n	in	ma			
		DUE TO	OR AS A CO	ONSEQUENCE O)F):	-						
NO	Sequentially list conditions,	b. DUE TO	OR AS A CO	ONSEQUENCE O	OF):							
Ä	if any, lasding to immediata cause. Entar UNDERLYING											ļ
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	ONSEQUENCE (OF):							
L CE	PART II. Other aignificant condition	ona contributing to	death but	not resulting	in the und	eriyin	g cause	given in	Part i. 24a.		AUTOPSY	24b. WERE AUTOPSY I
PHYSICIAN: MEDICAL									10	PERFOR		AVAILABLE PRIOR COMPLETION OF OF DEATH?
: ME									-			1 YES 2
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF	DEATH (C	heck only one)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpati	ant 3 DOA	OTHER		no 5 64	lesidence	6 Other (Spe	icffy)		
ЬΗΥ	27. MANNER OF OEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til		Bc. INJ	JURY AT			_	JURY OCCURE	D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

OWE

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

1 YES 2 NO

													5	0	161	63
	1 - FOR STATE REGISTRAR	S	TATE OF MA			TMENT				MENTAL	HYGIEN REG. NO.	_				
	1. OECEDENT'S NAME (First, Middle	le, Last)	ROB	ERT GU	STAV	UL	RICH			2. DATE	OF DEATN	۱Y	YEAR	3. TI	ME OF DEATH	
	ROBERT	UL	RICH			-				MAY	28		990		26 а.т	
	4. SOCIAL SECURITY NUMBER			8. AGE (in yrs. lesi		IF UNDER	1 YEAR DAYS	IF UNDER	BARN	(Month	OF BIRTH , Day, Year)		Count	(ער	E (State or Foreig	gn
	179-01-8880		× M 2 □ F 7	6	YRS.						5,191	4	New	Yor	k	
DIRECTOR	90. FACILITY NAME (if not institution THE JOHNS HO	PKINS		AL			TIMO		ON OF OE ITY	ATN		9c. COU BALT	IMOR		CITY	
5	RESIDENCE OF DECEDE 10e, STATE 10b.	COUNTY			100 017	Y, TOWN (OR LOCATI	ION						404	INSIDE CITY	
<u>E</u>	Maryland	Harf	bac			gewoo		ion .							LIMITS?	
2	10e. STREET AND NUMBER	11CLL	Jiu		EA	gewoo	7	ZIP CODI				100 CIT	IZEN OF I		YES 25 NO	
FUNERAL	1970 Chipper									JOHINT						
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	Never Married 2X Merried FORCES? 1 YES 2X NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, White, atc.														
0	15. DECEDEN	T'S EDUCATION	ON	18e. DE	CEOENT'S	USUAL O	CCUPATIO	N	3	16b	KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	(Specify only high Elementary/Secondary (0-12)		preted) offege (1-4 or 5 +) 4	Món	Do NOT u	work done se retired.) Lergy		st of workir	ng		Reli	gion				
NO.	17. FATHER'S NAME (First, Middle,	Last)	*					18. MOT	NER'S NAI	ME (First, I	Viddle, Meiden	Sumame)				_
Ö	Frederick H	enry	Ulrich	n					uise	_			linge	er		
BE	19a. INFORMANT'S NAME (Type/Pr	rint)		191	. MAILING	ADDRES	S (Street a	nd Number	r or Rural F	Route Numi	ber, City or Tow	rn, State, Zi	p Code)			
욘	Jean E. Ulric	h		19	970 (hipp	er I	rive	e, Ed	dgewo	ood, M	d. 2	1040			
	20c. METNOD OF DISPOSITION 1 N Burtlel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Mountain Christian Cemetery Joppa, Md. 21085															
	21. SIGNATURE OF FUNERAL SER	KM	ee Par	100 11	I	Ho	ward	K.		mas	III F				, P.A. 21009	
	23. PART I. Enter the diseas	es, Dr cDm	plications that	caused the de	ath. Do	not antai	tha mo	da of dy	ing, suci	h as cere	dac or resp	iratory a	rest,	1	Approximate	
	ahock, or haert i	Tellure. List	only one ceus	e on eech line).									İ	Onset and D	
	disease or condition resulting in death)	_	SEP	SIS										- [789	120
	resoluting in death)	a		OR AS A CONSE	DUENCE C	F):										
Z	Constant the first secondary	b	LEFT	FOOT	GA	JORE	NE								i	20
E	Sequentielly list conditions, If any, leading to immediate		DUE TO (OR AS A CONSE	DUENCE C	F):								-		
<u>১</u>	cause. Entar UNDERLYING CAUSE (Disease or Injury	c	Peri	PHERAL OR AS A CONSE	VA	scul	MS	Di	2					-	5 y	^
ERTIFICATION	that initiated events resulting in death) LAST		DOE 10 (OH AS A CONSE	JUENCE C	Ir):								i	4	
		d												-		
IL C	PART II. Other significant co	onditiona c	ontributing to	death but not i	eeulting	In the u	nderlylng	cause	given in	Part I.	24e. WAS AN		24		E AUTOPSY FIND	
2	DIFFUSE		HEROSCI	SEROTIL	CAR	DIOVA	Boul	AR	DZ		1 TENFO			COM	LABLE PRIOR TO IPLETION OF CAL DEATH?	
ED	? BONE	L IS	CHEMIA												YES 2 MINO)
PHYSICIAN: MEDICAL										_					10	
N. N.	25. WAS CASE REFERRED TO ME						28. PL	ACE OF D	DEATH (Ch	eck only o	10)					
SIC	EXAMINER?		OSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 - Nu		e 5 □ R	esidence	6 🗆 Othe	er (Specify)					
¥	27. MANNER OF DEATN		28e. DATE OF (Month, Da		28b. TII	AE OF	28c. INJ	URY AT		28d. DE	SCRIBE NOW	INJURY O	CCURED			
ВУ	1 Natural 5 Pend 2 Accident Inves	ling tigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,		М		YES 2 [□ NO							
8	3 Suicide 6 Could	d not be	28e. PLACE OF building, o	INJURY — At ho etc. (Specify)	ome, ferm,	streel, fac	ctory, offic	•		261. LOC City	ATION (Street or Town, State	and Numb	er or Rural	Route	Number,	
COMPLET	29e. CERTIFIER 1 X CERTIFYIN	NG PHYSICIA	N: To lhe beat of	my knowladae de	with account	rad at the	time data	and elec-	a april dura	to the co	usa(s) and m	nner ee ch	ntad-			
MP	one)		On the beste of ex											(e) end	manner es staf	led.
	29b. SIGNATURE AND TITLE OF		1107						ENSE NUI						oth, Day, Year)	_
BE	b 1 1		W B	URCHE	MAI				+ the A		3	▶ 5	1 1	90	, way, rom/	
2	30, NAME AND ADDRESS OF PER		7 .					VITI	0-17	104	ر	, ,	1001	10		

31. DATE FILED (Month, Day, Year)

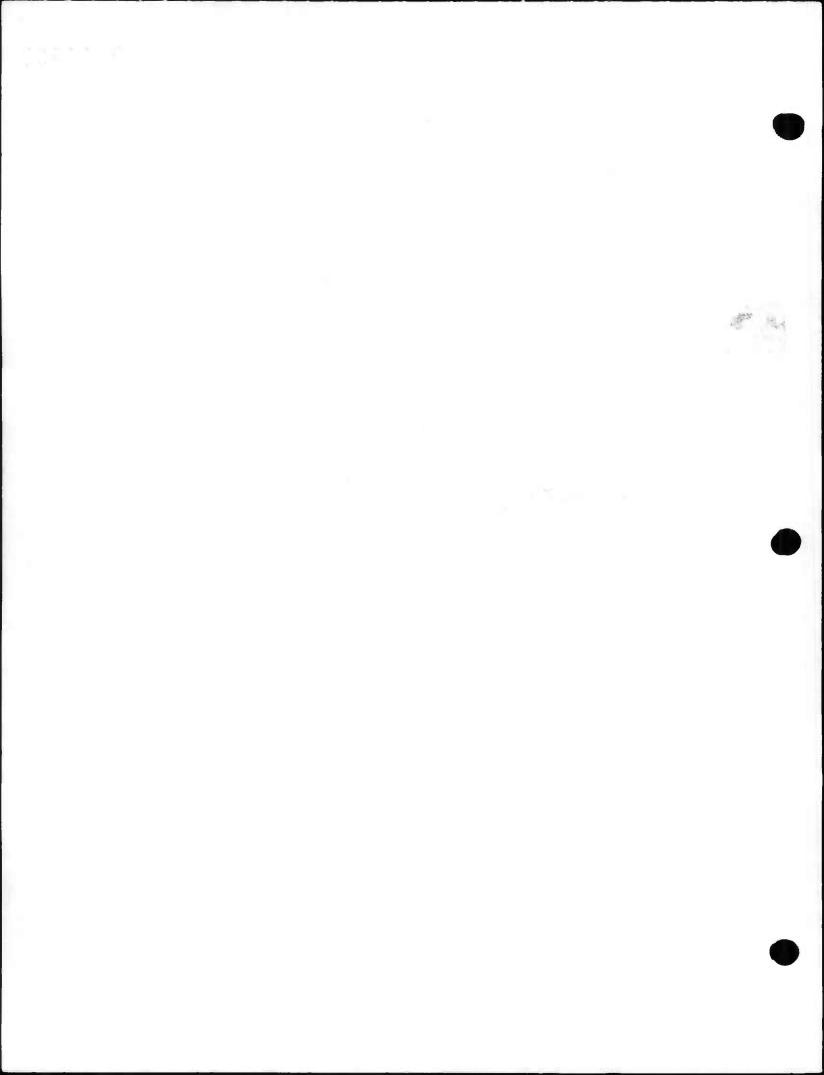
32. REGISTRAR'S SIGNATURE Pandage

Charles 10 di

DHMH-16 Rev 1/89

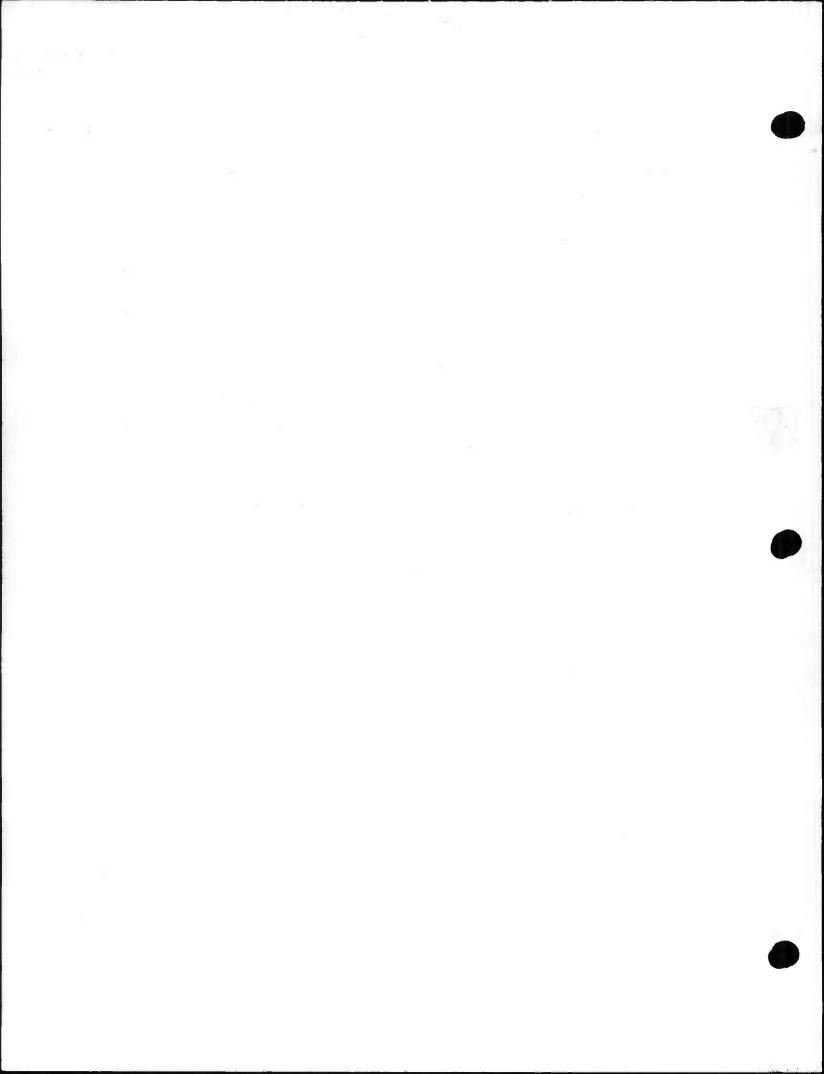
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ATT	6	aft	28
OR	SE SE	OU.S	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
SPIT	ER	i	
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2	2	be f	È

	1 - STATE REGISTRAR	SIATE UP MA			ICATE				REG. NO			
	1. DECEDENT'S NAME (First, Middle, La.	so Julia Vir	ginia l	HLER	1				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Juli	a F).	U	hle	ZV			June 2,	1990	TEAN	M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	IPLACE (State or Foreign
	220-16-3743	1 M 2 🗗 F	74	YRS.	- CONTINUE	LIATS	HOUNS	mirt.	Oct.22,19	15		yland
- 1	9e. FACILITY NAME (If not institution, gh	e street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA	тн	9c. COL	INTY OF C	PEATH
S S	Washington Cou	nty Hospita	1		На	agers	stown	n		Wa	shin	gton
ַו	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			10c. C/1	Y, TOWN (OR LOCAT	ION					10d. INSIDE CITY
<u> </u>	Manual Wa	shington		77	,			Tunks	town			LIMITS?
FUNERAL DIRECTOR	Maryland Wa 10e. STREET AND NUMBER	SHINGLOH				101	ZIP CODI			10g. CI1	IZEN OF	WHAT COUNTRY?
2	102 E. Baltimo	ro Ct					21734	,		11	SA	
Š	11. MARITAL STATUS	12. WAS DECEDENT				WAS DEC	ENDENT C	F HISPANIC	C ORIGIN? (Specify Y		14. BAC	E — American Indien,
H	1 Never Married 2 Merried	FORCES? 1 _ IF YES, GIVE WAS		WO				n, Mexican, Specify:	, Puerto Rican, etc.)			k, White, etc. Wy: nite
BY	3 🛣 Widowed 4 🗌 Divorced										W.	nite
ETED	15. DECEDENT'S E (Specify only highest gr		/G	CEDENT'S ive kind of Do NOT u	Work done	CCUPATIO during mo	M st of workin	ng	16b. KIND OF B	JSINESS/IN	DUSTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)			ekeet	ning				ho	spit	a1
COMPL	17. FATHER'S NAME (First, Middle, Last)	00		nous	CRECI	71116	40 14000		IE (First, Middle, Meide		opic	
	a seron-condition possibility (a)						NACCO C		STATE WAY	n Surname)		
BE	Sylvester Coyl 19a. INFORMANT'S NAME (Type/Print)	e	19	h MAILIN	ADDRES	S (Street a			e Myers oute Number, City or To	un Stata 7	in Code)	
2	Terry J. Bell					4 1 2 2 4 4			Funkstown		-	734
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						OCATION -		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	Ceda	r La	wn Me	emor	ial 1	Park	На	agers	town	, Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		_	22.	NAME AN	ID ADDRE	SS OF FAC	ILITY			
	MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740											
NO	ahock, or heart fallu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	ь	Ceruf DR AS A CONSE	QUENCE (OF):	Sie	olu	a	ecle	s (E)	lon	Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c	OR AS A CONSE	QUENCE (PF):	ndertvin	2 521120	alum In S	Part I. 24a. WAS A	N AUTORS	/ 124	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERF	DRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ									— I			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA	L				26. PI	ACE OF D	DEATH (Che	ck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	DOA	OTHE		• 5 □ R	esidence (8 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TI	WE OF	28c. IN.	URY AT	T	28d. DESCRIBE HOV	INJURY O	CCURED	
ВУР	1 Netural 5 Pending	(Month, Day	, roar)	. "	M		PRK? YES 2 [□ NO				
	2 Accident investigate 3 Suicide B Could not 4 Homicide determine	28e. PLACE OF building, e	INJURY — At he lc. (Specify)	ome, farm,	struct, fac	ctory, offic	•		28f. LOCATION (Stree City or Town, Sta	t end Numb	er or Rural	Route Number,
COMPLETED	Strange lasts	HYSICIAN: To the best of m										(e) and menner se stated.
EC	296. SIGNATURE AND TITLE OF CERT	IFIER C	626	10	_		29c. 1.IC	ENSE NUM	BER O	294. D	KTE SIGNE	D (Munth, Day, Year)
0	Leani	7 Wor	lio	Le			20	7	234	-	6 /3	190
2	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OVENSTEIN			-	FS	T., F	-UNK	5 TOWN, U.	P.	217	34
	31. DATE FILED (Month, Dely, Your)	32. REGISTRAR										



	ехап	l
72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f. if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exan	
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hours	Item	
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į,	1. DECEDENT'S NAME (First, Middle, LA MAXIE ANN VILLE	NEUVE							2. DATE OF	@27 DA	* 19	9 OEAR	3. TIME 12	of DEATH
-1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER		7. DATE OF (Month, D	BIRTH		8. BIRTH Count	IPLACE (State or Foreign
	228-54-1538	1 🗆 M 2 🔀 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.		940		" rgin	ia
_	9s. FACILITY NAME (If not institution, gr	,						ON OF DE	ATH			NTY OF D		
DIRECTOR	Doctors Hospita				Lar	har	n				Pri	nce	Geor	rge's
<u> </u>	10m. STATE 10b. COL			10c. CITY	TTY, TOWN OR LOCATION						10d. IN:	SIDE CITY		
	Maryland Prin	ice George	¹s	Cott	age	Cit	У							ES 2 NO
Y	10e. STREET AND NUMBER					75.00	. ZIP COD					IZEN OF		Name and Address of the Parket
FUNEHAL	3809 Cottage T				T 40 11	_	2072					ted		
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X)		11	yes, sp	ecify Cubi		IC ORIGIN? (: n, Puerto Rici		or No-	Blac	k, White,	
ā	3 Widowed 4 Divorced	ir tes, dive w	AR ON DATES		'	TES	2 A) NO	Specify	ç			W	hite	
COMPLEIED	15. DECEDENT'S (Specify only highest g		16a, DE	CEDENT'S U	USUAL OC	CUPATIO	ON ast of world	ing	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
ן ני	Elementary/Secondary (0-12)	College (1-4 or 5 a	-)	ısewi:						-4 1	la a m a			
5	17. FATHER'S NAME (First, Middle, Last)		11100	15ewi	16		18. MOT	HER'S NAI	ME (First, Mick		nome	;		
	Carlos Ball								Taylo					
H C	19a, INFORMANT'S NAME (7/1994)	was grown to be compared to the							loute Number,					
-	Frederick R. V		7					_	Brer	1				20722
	20g METHOD OF DISPOSITION 1 Buriel 2 Cremition 3 1	temper may State	other pl	ece)				matory or			CATION -			
	4 ☐ Donation S ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	ucelested /	/Ft. L	incon	22. 1	NAME A	NO AODRE	SS OF FA	CILITY					yland
	· / hit	1/3m	1.1											HOME
4739 Balt. Ave., Hyattsville, Md. 20781 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximately 1. Approxim						0781								
		re. List only one cau	lise on each line	4									in	iterval Between inset and Death
		DUE TO	AS A CONSE	DUENCE OF	-Ir	7	LLA	hu.	INV	h.			1	
S	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE OF	*	V	0000		VIIV	(1)			1	
3	cause. Enter UNDERLYING CAUSE (Disease or injury				V									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF	E									
		L 4.											+	
DICAL	PART II. Other significant condi	tions contributing to	death but not	resulting i	the un	deriyin	g cause	given in	Part i. 2	le. WAS AN PERFOR		24	AVAILAE	LUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
	AVIXIJ	MILL	11/5	VVVI		-			_ 1	YES 2	I I MO		DF DEA	TH?
2	madece	- V100VV	V						-				1 🔲 🚻	ES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:					LACE OF I	DEATH (Ch	eck only one)					
200	1 TYES 2 ANO	1 npetient 2				ing Hon		lesidence	8 Other (S					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIME	E OF URY	W	JURY AT ORK? YES 2	□ 80	26d. DESCI	NBE HOW I	NJURY O	CCURED		
ž	2 Accident Investigat	28e. PLACE C	F INJURY At he	ome, term, s	treet, facto			NO	28f. LOCATI	ON (Street :	and Numbe	er or Rural	Route Nu	mber,
	4 Homicide 6 Could not	be building,	etc. (Specify)						City or	Town, State)				
4	29s. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of	l my knowledge, de	eth occurre	d at the ti	ma, date	and plac	e, and dus	to the cause	(s) and me	nner as st	nted.		
COMPLETED	count .	MINER: On the basis of a	xamination and/or	investigation	n, in my o	pinion,	death occu	ured at the	time, data an	d place, ar	nd dus to	the cause	(s) and m	anner as stated.
BEC	29b. SEMATURE AND WILE OF CERT	TFIER	1 1 .	7	an/		29c. LIC	CENSE NUI	MBER CA		29d. DA	TE SIGNE	D (Month,	Opy. Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	MANA ATT	W 277 (7==	Print'		1	PIO	47		•) ()	01	100
	Lewis H. Denni					U-1	7 Cc	lleae	e Parl	c. Ma	arvia	ınd	207	40
	31. DATE FILED (Month, Day, Year)	32, REGISTRA	AR'S SIGNATURE						- 411	-7	,,,,,			
	ми 29'90	giliada	vidson-Am	delle										
		Con.												DHMH-16 Rev 1/89



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OF VITAL	VITENDING PHYSICIAN:
DIVISION	ATTENDING
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1,1	PITAL UH A

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH A CHRISTINE VINES 11:40 23 1990 MAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birtnday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 1 🗌 M 2 🔯 F 243-03-2234 FEB 10 1920 NORTH CAROLINA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NATIONAL NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY DIRECTO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE NORTH CAROLINA PITT GREENVILLE 1 YES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL burial-transit 607 FORD STREET 27834 UNITED STATES ned by the hospital or attending physician. louid be detached for use as the burial-tran 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) IRYLAND 21203-3146 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 - YES 2 X NO Specify: Specify: B 3 Widowed 4 Xivorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 12 COOK Private once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) क्र AMOS BARRETT CAROLINE PAYTON BE otified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RESA JOHNSON 607 FORD STREET, GREENVILLE NC 20s. METHOD OF DISPOSITION

1 Burler 2 Cremetton 3 X Ramoval from State
4 Denatton 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Brown Mill Cemetery Greenville, N.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home examin 7474 Landover Rd. Landover, Md. 20785 b mmu medical 23. PART /Enter the diseases on complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, **Approximate** shock, or heart feiture. List only of Interval Between a cause on each line. 8 **Onset and Death** IMMEDIATE CAUSE (Final completely filled cremation, the disease or condition reaulting in death) MYCOSIS FUNGOIDES event, prior to burial, traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 10 shows any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 - YES 2X NO OF DEATH? 1 YES 2 NO State Dept. (PHYSICIAN: s certificate h.
The State D.
Or Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Xinpetient 2 - ER/Outpetient 3 - DOA **EXAMINER?** OTHER: 1 TYES 2 X NO 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 25c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY this co marked, 1 X Natural 5 Pending М 1 YES 2 NO BY After death 2 Accident 26s. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be determined 80 DIRECTOR: Abours after of Item 28 is COMPLETED 4 Homicida 29e. CERTIFIER (Check only one)

1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and mannar as stated.

2 Image: MFDICAL FXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and mannar as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Kolmi Str > 23 may 1990

D-37337

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MD 20814-5011

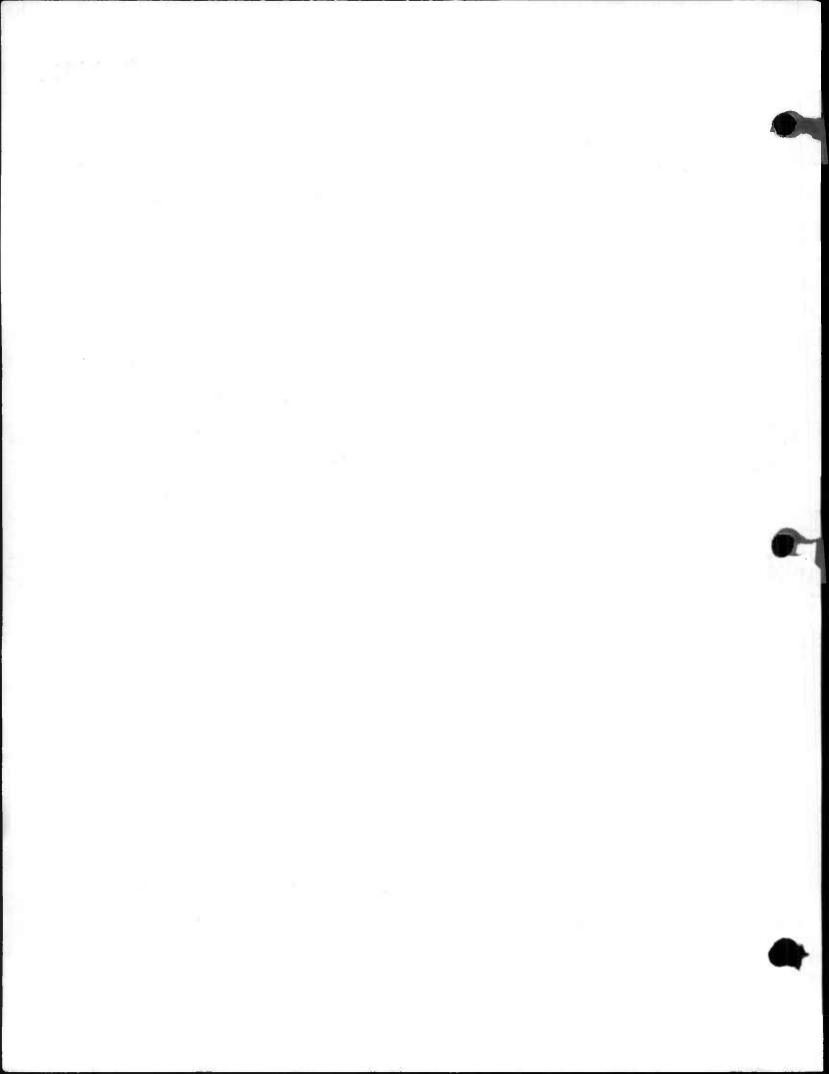
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D. B. ROBINSON, LCDR, MC, USNR

Line Daydon-Handelle



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1314	xacitled
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200	1. The law requires that the death certificate he executed wi
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OF	DUVCI
DIVISION OF VITAL RECORDS, P.O. BOX 13146	NEDITAL DE STENDING DUVCICIAN
5	90
	SPITA

cal examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOVAL.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for
ther death. Page 6 may be retained by the hospital	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR			TMENT OF H		MENTAL HYGIEN REG. NO.	_						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH						
	Minnie G. Voshell					May 15	1990 TAR	7:30 a. m					
1	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yr	IF UNDER 24 HRS.	24 MDS 7 DATE OF BIOTH A BIOTHDI ACE (Chair or Coming									
	2]9-34-]9]0 1 M 2	OR LOCATION OF D	April 29,1910 MD										
DIRECTOR	E. Cypress Street		ig to n		Kei								
S S	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY					
E I	MD Kent		Mi	llingtor	1			LIMITS?					
AL	10e. STREET AND NUMBER			100	. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	E. Cypress Street				21651		US	A					
BY FU	1 Namer Marriad 2 Marriad FORCES	SCEDENT EVER IN U.S S7 1 YES 2 GIVE WAR OR DATES	□ NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) fy:	Ble	E - American Indian, ck, White, etc.					
	15. DECEDENT'S EDUCATION		a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	1						
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-		(Give kind of w life. Do NOT us	rork done during mo	est of working								
됩	5		Homemal	ker		Home)						
Ö	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Maiden	,						
BE (William Locke Wallac	9				V. Moffett							
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, State, Zip Code)						
	Clifton Voshell (son			ington,									
	1.5 Buriel 2 Cremation 3 Removal from St	inte Oth	ner place)	emetery	metery, crematory or		cation - city or . llington	fown, State n, MD 21651					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FA								
	Dary B. te	lous			ws Funer	ss St. Mill	ington A	m 21651					
	23. PART I. Enter the diseasee, Dr complication	ne that ceused the	e deeth. Do n	ot enter the mo	de of dying, suc	th as cerdiec or respi	ratory arrest,	Approximate					
	ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.												
ERTI	that initieted events resulting in death) LAST d DUE TO (OR AS A CONSEQUENCE OF):												
ادا	PART II. Other algnificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING												
할	ASCVD					PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE					
MEDIC	Tupe II Du	abetes	2					DF DEATH? 1 YES 2 NO					
	Hypertensia	n											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:		26. PI	LACE OF DEATH (Ch	neck only one)							
PHYSICIAN:		ont 2 ER/Outpatie		4 - Nursing Hom		6 Other (Specify)							
ВУ Р	1 Natural 5 Pending	ATE OF INJURY Month, Day, Year)	28b. TIMI	M 1	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED NO							
8	2/ Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
COMPLET	29a. CERTIFIER (Check only one)												
SO	2 MEDICAL EXAMINER: On the ba	ele of exemination en	d/or investigatio	n, in my opinion, c			d due to the cause	(a) and manner as stated.					
8	296. SIGNATURE AND TITLE OF CERTIFIER	18			29c. LICENSE NU	DJOG91	29d. DATE SIGNE	(Month, Day, Year)					
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETE				orton 1/1	91651 (Mi	chael P	Bev)					
اما	31. DATE PILED (MORITI, Day, 1881) 32. HE	MEGICA GISTRAR'S SIGNATU	HE DICE	. MILLILY	igton, Mi	21651 ^{(Mi}		3 /					
6	MINA	Julia Davids	n-Bindo	90_									

131 112

Miquel

9a, FACILITY NAME (If not institution, give street and number)

10h COUNTY

15. DECEDENT'S EDUCATION (Specify only highest grade complet

Angel

20s. METHOD OF DISPOSITION
1 ☐ Burlai 2 💢 Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify)

23. PART I. Enter the diseases, or complications t shock, or heert fellure. Liet only one of

Pedro Antonio Valdez

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

University Hospital

4213-Whitesburg Road

Antonio

12. WAS DECED FORCES?

IF YES, GIVE

College (1-4 or

Valdez

5. SEX 1 XM 2 F

None

Maryland

11. MARITAL STATUS

10e, STREET AND NUMBER

10a STATE

4, SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

1 Never Married 2 Married

Elemantary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

Miquel

3 Widowed 4 Divorced

8. AGE (In yrs. last i	'aldez											
8 AGE (In yes last)			MONTH	21-90	Y	YEAR	3. TIME OF DEATH 5:55PM					
54	ONTHE DAY		INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Nov. 24, 1935			a. BIRTHPLACE (State or Foreign Country) El Salvador					
74	YRS.	L AITH TON	21.02.10	OR LOCATION OF DEATH				NTY OF DE		_		
							Sc. COU	NIT OF DE	EAIH			
		Balt	imor	re Cit	У							
	10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY			
	Pos	omoke	Cit	7.7				- 1	LIMITS?			
	FOC	OHORE	101. ZIP				10a CIT	IZEN OF W	WHAT COUNTRY?			
							_					
				851				Salv	rador			
NT EVER IN U.S. ARM				NT OF HISPA Cuban, Maxica			or No-		CE — American Indian, ick, White, etc.			
WAR OR DATES			YES 2	NO Specif	fly:				Specify:			
				EI Sa	alvadorian Hispanic							
(Giv	e kind of wor	SUAL OCCUP		working	16b. KIND OF BUSINESS/INDUSTRY							
(+)	Do NOT use						_	_				
Bus	ıness	adm1	nist	rator	ET	Salva	dor	Gove:	rnment			
			18.	MOTHER'S NA	IAME (First, Middle, Maiden Surname)							
			R	oselia	Cor	tez						
19b.	MAILING A	DDRESS (Str	eet and Nu	imber or Rural	Route Numb	er, City or Town	n, State, Zi	p Code)				
on) 63	18 - Wa	lnut	Stre	et,Poo	comok	e City	,Mar	ylan	d 21851			
20b. PLACE O		ION (Name o	cemetery,	crematory or	20c. LOCATION — City or Town, Stata							
Lee's Crematory						Wash	ingt	on.D	.C.			
				OORESS OF F			5-7.77		neral Home	_		
nger		300	-4th	St.,	E, Wa	shingt	on, E).C.2	0002-5816	=		
nat daused the des		t snter the	moda o	f dylng, suc	ch ee card	lec or respi	ratory s	rrest,	Approximats Interval Betwo			

24s. WAS AN AUTOPSY

IMMEDIATE CAUSE (Fins) disease or condition Cranio-cerebral Injuries resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

PART II. Other significant condition	PERFORMEO? 1 VES XX NO INSPECTION	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO			
5. WAS CASE REFERRED TO MEDICAL			ck only one)		
EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 ☐ Inpetient ※XXER/Outpetient :	OTHE	B Other (Specify)		
7. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUP	RED
1 Natural 5 Pending XXX Socident Investigation	5-21-90	1:30PM	1 TES 2	Passenger in au	uto/overturned

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined 50 W. of Easton, Road Rt. 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due MATCYUSATIA

MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, deta and place, and dua to the ceuse(s) and manner as stated.

OF CARTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME 5-22-90

PERSON WHO COMPLETED CHOSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND

James Kaplan,MD 111 Penn Street, Baltimore, MD 21201

AY 2 3 90 32. REGISTRAR'S SIGNATURE Devidoon gardelle

for use as the burial-transit irs after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR

FUNERAL

BY

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examiner

or other traumatic event, the medical

CERTIFICATION

BY PHYSICIAN: MEDICAL

COMPLETED

BE

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(Check only

BALTIMORE, MARYLAND 21203-3146

and completely filled in by the funeral director, page 5 should be detached burial, cremation, or removal.

or removal

executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

this certificate has been signed by the attending physician and con with the State Dept. of Health and Mental Hygiene prior to burial,

Item 23 shows any injury,

is marked, or

28

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MPORTANT: If

L DIRECTOR: After the Pours after death w

THE FUNERAL D

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OHMH-18 Rev 1/89

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Talbot Co.,

24b. WERE AUTOPSY FINDINGS

3. TIME OF DEATH

0

REG. NO

2. DATE OF DEATH

(a

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Sme

5. SEX

1

BOX 13146,

8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 170-12-7670 1 X M 2 - F 76 YRS Sept. Pennsylvania 3,1913 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington Hagerstown Washington County Hospital DIRECTOR RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington Hagerstown 1 TYES 2 NO Maryland 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE U.S.A. 21740 Route 2, Box 149 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 XNO Specify: Specify ΒY white 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) exterminating service 0 - 8serviceman 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Effie B. Hartsock Wigfield Alva 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Route 2, Box 149, Hagerstown, Maryland 21740 Mrs. Dorothy K. Wigfield pe 20s. METHOD OF DISPOSITION
1 (2 Gurial 2 | Cremellon 3 | Removal from State
4 | Donation 5 | Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must h Cedar Lawn Memorial Park Hagerstown, Maryland 22. NAME AND ADDRESS OF FACILITY MINNICH FUNETAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 415 East Wilson Blvd., Hagerstown, MD 21740 010 medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): 12260 traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING or other **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpetient 2 S PA/Outpetient 3 DOA me 5 Residence 8 D Other (Specify) marked, or 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b, TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 8 Could not be COMPLETED FUNERAL DIRECTOR: 4 Homicide Item ! 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and menner as stated. (Check only one) MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month 표별 2 6 23 2 39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 0 -rederic 10 22 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Davidson Randall '90 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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WIGNELD

HOMER LEO

BALTIMORE, MARY

21203-3146

DIVISION OF VITAL RECORDS, P.O.

DIVISION OF VITAL STORM TO THE HOSPITAL OR ATTENDING PHYSICIAN: The latto TO THE FUNERAL DIRECTOR: After this certificate has be flied within 72 hours after death with the State Denn IMPORTANT: If Item 28 is marked, or Item 23 marked.

	 Ī
FOR 1 . STATE	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR											
	1. DECEDENT'S NAME (First, Aliddle, Lest) SALLIE LAWS WILSON 2. DATE OF DEATH MONTH DAY 5 23 90 10:45 AF 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdley) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign											
	4. SOCIAL SECURITY NUMBER 212-16-1438	5. SEX 6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) Maryland					
R	9a. FACILITY NAME (If not institution, give s SALISBURY NURSING	,			JRY, MD.	ATH	9c. COUNTY OF DEATH WICOMICO					
5	RESIDENCE OF DECEDENT											
DIRECTOR	Md 10b. COUNT	Wicomico	10c. CIT	y, town or Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
BY FUNERAL	100. STREET AND NUMBER Rt. 50 at (Civic Ave.		101	21801	,	10g. CITIZEN OF WHAT COUNTRY?					
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yan, Puerto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION 18a. [completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION work done during more retired.)	st of working	18b. KIND OF BU						
APL	7		Sale	s Pers	on	J.C	. Peni	ny Co.				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Clarence	Laws			18. MOTHER'S NA Tarr	ME (First, Middle, Maider y Belle		ttingham				
TO B	190. INFORMANT'S NAME (Type/Print) Mary Belle Wh:					Route Number, City or Tow ne Salis		MD 21801				
	20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ren 4 Donation 5 Doffer (Specify)	noval from State 20b. PLAC	E OF DISPO	SITION (Name of cer	metery, cremetory or etery		cation - city	or Town, Stata				
	21, SHINATURE OF BUNERAL SERVICE LI		7		D ADDRESS OF FA			3 /				
	Suald (Sound	\					isbury, MD				
	22 PART I. Enter the diseases, or complications that ceueed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
EDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 VES 2 XNO											
2						-		1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF GEATH (Ch	eck only one)						
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)						
/ PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. INJ	IURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offic	18	281. LOCATION (Street City or Town, State	OCATION (Street and Number or Rural Route Number, ity or Town, State)					
COMPLETED	conduction of the	SICIAN: To the best of my knowledge,						suse(a) and manner as stated.				
	29b. SIGNATURE AND THILE OF CENTRES	6			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)				
BE (W/4160	4			7793	149	1 5	12,790				
5	30. NAME AND ADDRESS OF PERSON W		TEM 27) (Type	, Print)	Y	1/		1				
11	William Robins,		thway	Drive.	Salisbur	v. 16. 218	nı	<u> </u>				
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SQNATURE												

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ours after	n by me	edical
35	filled i	he m
d with	empletely cremati	event, tl
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	n and co to burial	ımatic
ficate be	physicia ne prior	ner trau
th certi	ending I Hygie	or ot
the deal	the aft 1 Menta	injury,
es that	gned by	s amy
v requir	been si	show
The lav	te has	ет 23
ICIAN:	certifica the Stu	, or it
IG PHY	er this ath with	narked
TTENDIN	TOR: Aft	28 is n
LORA	DIRECT POURS	Hem
HOSPITA	UNERAL	ANT: H
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

	FOR STATE REGISTRAR		STATE OF I		/ DEPAI CERTIF						TAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Margaret		Watson	2 44					Ma Ma	DATE OF DEATH AND THE OF DAY 1990 YEAR 3. TIME OF				7000	P	
8	4. SOCIAL SECURITY NUMBER 219-05-654	5. SEX	6. AGE (In yrs.	IF UNDER	DAYS			7. DATE OF BIRTH (Month, Dep. Year) 1-27-20					State or Foreign			
4	9a. FACILITY NAME (If not ins		9b. CITY	r, town o	OR LOCAT	ION OF DE				NTY OF D	EATH					
TOR	6 Hollings	h Manor				Elkton						Cec	cil			
DIRECTOR	10e. STATE Md.					FY, TOWN	Y, TOWN OR LOCATION Elkton				on	n			SIDE CITY HITS? ES 2 NO	
FUNERAL	6 Holling	gswor	th Mano	r			101	I. ZIP COD		921		10g. CIT	U.S	wнат со 5 . А		
B	11. MARITAL STATUS 1 Never Married 2 3 Never Married 2 Divor			HEVER IN U.S. YES 2 MAR OR DATES WW 2	ARMED NO	13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Maxican, P 1 YE\$12 XNO Specify:				n, Puer		or No—	14. RAC Blac Spec	k, White,	rican Indian, atc.	
1EC	(Specify only	highest grade	completed)		(Give kind of life. Do NOT a	work done	during mo	ON ost of work	ing		16b. KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5		Waitr	ess					Rest	aur	ant			
BE CO	17. FATHER'S NAME (First, MI George I		ens					18, MOT			st, Middle, Meiden aret Ma		s			
TO B	19a. INFORMANT'S NAME (7)										lumber, City or Tow		219	2.1		
	Veronica 1	ON		20b. PLA	CE OF DISPO					EIF	cton, N	CATION —			4	_
	1 Burial 2 Cremetio	n 3 🗆 Rame	oval from State	othe	place)	err					Wes	st C	hes	ter	, Pa.	
	21. SIGNATURE OF FLOWERA	MERVICE LIC	ENSEE	See					eral		ame ZJ				St., 21921	
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):															
PHYSICIAN: MEDICAL C	PART II. Other significe	ot resulting	i in the underlying cause given in Part I.					I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			OF DEA	UTOPSY FINOI BLE PRIOR TO ETION OF CAUS ITH? ES 2 \(\text{NO} \)				
HAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						LACE OF	DEATH (C/	heck onl	ly one)					
YSIC	1 TES 2 NO		HOSPITAL:				rsing Hor		lesidence	_	Other (Specify)					
		Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d.	DESCRIBE HOW	INJURY O	CCURED			
LED BY	3 Suicide 8	Investigation Could not be determined	28e. PLACE building	OF INJURY A	home, ferm.	, street, fee	ctory, offic	ce		28f.	LOCATION (Street City or Town, State	and Numbe	or Aural	Route Nu	mber,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												id.			
BE											D (Month,	90y, Year)				
5	30. NAME AND ADDRESS OF							T2 1 1-	+ 0 5	1.4	ra 210	121				
	Yogish Pa 31. DATE FILED (Month, Dey, MAV 31	Year)					.,	FIK	con,	, IV	id. 219	. 4 1	_			
MAY 31 90 Suna Davidson Mandale																

DHMH-16 Rev 1/89

ND 21203-3146

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

12 +1UA

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

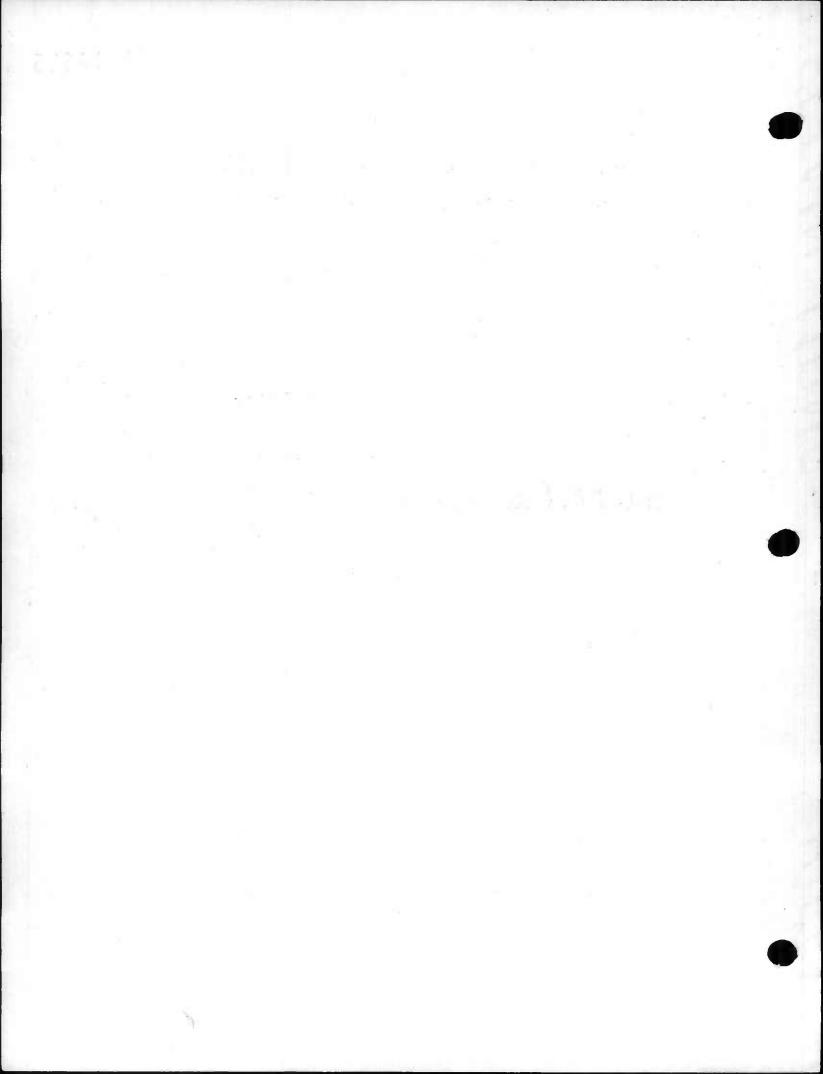
COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		STATE OF I	/ARYL					EALTH AND I	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First, M.	liddle, Last)									OF DEATH	-	3.	TIME OF DEATH
Donald Dea	ane W	vatt							May	27, 1	990	EAR	2049 M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(in yrs. last t	oirthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
212-22-2028		1 🔀 M 2 🗌 F		63	YRS.	MONTHS D	AYS	HOURS MIN.		h, Day, Year)		Country) Balti	more, MD
9e. FACILITY NAME (If not instit	tution, give s	treet and number)				9b. CITY, TO	O NWC	R LOCATION OF DE			9c. COUNTY		
Carroll Count		neral Ho	spit	al		Westn	nin:	ister			Carr	coll	
RESIDENCE OF DECE	DENT	,			10e CITY	r. TOWN OR I	LOCATI	ION				100	d. INSIDE CITY
Maryland		timore C	i +37			altimo		ion .					LIMITS?
10e. STREET AND NUMBER	Dai	CTHOLE C	LLY			TI CIN	-	ZIP CODE			10a, CITIZEI		T COUNTRY?
422 South Har	nover	Street						21201				S.A.	
11. MARITAL STATUS	10 1 02	12. WAS DECEDEN				13. WA		ENDENT OF HISPAN	IIC ORIGII	N? (Specify Yes	or No— 14	. RACE —	American Indian,
1 Never Merried 2 M		FORCES? 1)			city Cuben, Mexice		Rican, etc.)		Black, W Specify:	/hite, atc.
3 Widowed 4 Divorce	d	W II										V	White
15. DECED (Specify only h	ENT'S EDU	CATION completed)		(Givi	kind of w	USUAL OCCI	UPATIO	N at of working	168	. KIND OF BUS	BINESS/INDUS	TRY	
Elementary/Secondary (0-12	2)	College (1-4 or 5	+)		o NOT us		C **			Danala			
12 17. FATHER'S NAME (First, Midd	do (e)	5		VICE	Pre	es. O	E H	uman Res		Bank			
								16. MOTHER'S NA					
Albert R. W				19h	MAII ING	ADDRESS /S	Street o	CLLCL nd Number or Rural i		rta De		vrie)	
Dorothy A. I								r St. Ba					
20a. METHOD OF DISPOSITION	_		T 20	h PLACE O	F DISPOS	SITION (Name	of cerr	netery crematory or			CATION — CIT	_	State
♣ Burlei 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (S		oval from State		other plac	ark	wood (Cem	etery			timore		
21. SIGNATURE OF FUTERAL	SERVICE LA	CENSEE	2			22. NA	ME AN	D ADDRESS OF FA					
1 //alla	J.	7/1	-	(h Funera			last 1	W 3.	1001
23. PART I. Enter the disc	HOSON, DE	complications the	C//	d the dee	th Do n			. Main S				-	Approximate
shock, Dr hee	rt failure.	List only one ca								0.00 0. 10ap	atory arros	•,	Interval Between Onset and Death
disease or condition		M	1.5	er e k	1.	0	0_	1	1				Onset and Death
reaulting in deeth)		DUE TO	(OR AS	A CONSECU	JENCE OF	F):	TC	racio	TO	~			†
		· (co	TA	ria	7	AIT	en	idaro	0 - 1	1091	4		
Sequentially list condition if any, leading to immedia		DUE TO	(OR AS	A CONSEOL	JENCE DI	F):		~~~					
cause. Enter UNDERLYING CAUSE (Disease or Injury		C											
that initisted eventa resulting in deeth) LAST		DUE TO	(OR AS	A CONSEOL	JENCE OF	F):							
		d											1
PART II. Other algnificant	condition	na contributing to	deeth	but not re	aulting I	In the unde	erlylng	g ceuse given in	Part I.	24a, WAS AN			ERE AUTOPSY FINDINGS
Do	54	CA	B	1	95	25				1 TYES 2		C	OMPLETION OF CAUSE F DEATH?
				- 1	1 3								YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	HOSPITAL:					26. PL	ACE OF DEATH (Ch	eck only o	ne)			
1 TYES 2 NO		1 Inpatient 2	□ ER/Qui	patient 3	□ DOA	OTHER:	g Hom	e 5 🗆 Residence	6 Doth	er (Specify)	SANG	206	FT
27. MANNER OF DEATH	v200	26e. DATE Of (Month,	FINJURY Day, Year)		26b. TIM	IURY	Bc. INJ WO	URY AT	28d. DE	SCRIBE HOW	NJURY OCCU	RED	
1 Natural 5 Pe	vestigation					М		res 2 NO			_		
	ould not be sterprined	28e. PLACE (building	of INJUR	Y — At horr colfy)	ve, ferm, a	atreet, factor	y, offic	•		CATION (Street or Town, State)		Rural Rou	te Number,
CONDEX ONLY		ICIAN: To the best of											
2 MEDIC			examinati	on end/or in	rvestigatio	on, In my opli	nion, d	eath occured at the	time, dat	e and place, er	nd due to the	cause(e) a	nd menner as stated.
296. SIGNATURE AND TITLE O	F CERTIFIE	1/1/2	-	1	0			29c. LICENSE NU	MBER	>7	29d. DATE 5	SIGNED (M	forth, pay, Year)
30. NAME AND ADDRESS OF	~)	ull (JU	~~		- Balant		40	81	1/		cen	2970
The state of the s	W NUcna	A LA	SE UF D	CAIN DEM	27) (None	C C	1	7. 0					V
31. DATE FILED (Managed Park)	EV 100	32. REGISTR	AR'S SAY	NATURE	200	100		بين					
MAY 3	g ,80	32. HEGISTR	the Da	widson	Mano	AL PROPERTY.							

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

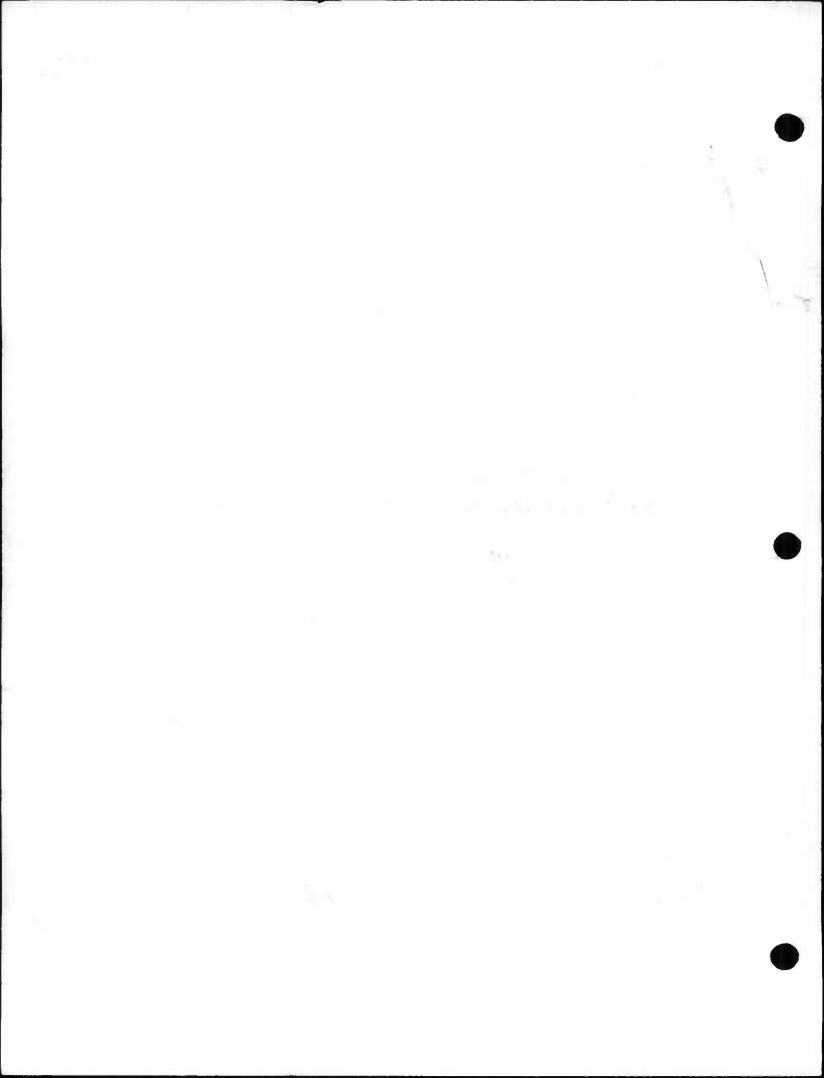
the hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 should	once.	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM	ENT OF HEALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
1	Dorothy H. Weik				May 22		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (n yrs. last birthday) IF	JNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	460 32 6630		MON	THS DAYS HOURS MIN.	(Month, Day, Year)	Co	ountry)
	469 32 6679 9e. FACILITY NAME (If not institution, give str	Δ .	09		Jan 10 19		nnesota
DIRECTOR	Prince George's Gersidence of December 1			Cheverly Maryl		Be COUNTY O	George's
E I	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d, INSIDE CITY
H 0	Maryland Prince	e George's	Bowi	e			LIMITS?
	10s. STREET AND NUMBER			10f. ZIP CODE		10a. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	12401 Rockledge Dr	rino		20715			ed States
뿐	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II O ADMEO				
F	1 Never Married 2 Married	FORCES? 1 YES	2 😾 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		or No.— 14. H	ACE — American Indian, Black, White, etc.
BY	3 Widowed 4 W Divorced	IF YES, GIVE WAR OR DA	No	1 TYES 2 NO Specify	No.	S	White
	15. DECEOENT'S EDUC	ATION I					
프	(Specify only highest grade of		(Give kind at work the. Do NOT use ret	done during most of worlding	18b. KIND OF BUS	SINESS/INDUSTR	
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)		760.)			
M		4	Nurse		D.C. Go		nt
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	Rolv S. Hegge			Doroth	y June Bot	Z	
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)
F	Robert J. Weik		12401	Rockledge Driv	e Bowie Ma	ryland	20715
	20a. METHOD OF DISPOSITION	206	PLACE OF DISPOSITIO	N (Name of cemetery, crematory or	20c. LO	CATION — City o	r Town, State
	1 X Buriet 2 Cremation 3 Remo	Mai from Stata		ational Cemeter	ry Lai	irel Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS OF FA			
	► Q10+ E	£	. O.	Beall-Evans			
	DOWN C.	Coams	TULEO.	16000 Annapo	lis Road B	owie Ma	aryland 20715
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	IRRHOSIS			Interval Between Onset and Death 2 Weeks 2 years
	PART ii. Other aignificant conditions	contributing to deeth b	ut not resulting in t	ne underlying cause given in	Part I. 24s, WAS AN	Allmoney	24b. WERE AUTOPSY FINDINGS
: MEDICAL				e underlying vouse given in	PERFOR	RMED?	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	_		26. PLACE OF DEATH (CA	eck only one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:		HER:			
175	27. MANNER OF DEATH	28e. DATE OF INJURY		Nursing Home 5 Residence		NAME OF THE OWNER, THE	
급	1 Defural 5 Pending	(Month, Day, Year)	28b. TIME OF	WORK?	28d. DESCRIBE HOW I	NJUHY OCCURE	
BY	2 Accident Investigation			M 1 YES 2 NO			
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, farm, stree /fy)	t, factory, offica	28f. LOCATION (Street City or Town, State)	and Number or Ru	ural Route Number,
ETE	The months						
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurred a	t the time, data and place, and due	to the cause(s) and me	nner an stated.	
N	2 MEDICAL EXAMINER	R: On the basis of examination	n and/or investigation, is	n my opinion, death occured at the	time, date and place, ar	d dua to the cau	use(a) and menner as stated.
	286. SIGNATURE AND TITLE OF CHIPPIER	10	0 0	29c, LICENSE NU	MBER	29d, DATE SIG	NEO (Month, Day, Year)
BE	8 mil	P- (11)	X A	10 4.1.	100360	D J/2	/
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	TI WY IAN	1)00000		110
		, , , , ,		uperior Lane I	Rotain Mares	and 20.	715
			2231 (cherror rane I	owie Hary	Land ZU	11)
	31 DATE FILED (Month Our Man)	32 DECIETPADIO COM	ATURE				
	31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S SIGN	ature				



	1 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(00.00)	IAN: The law requires that the death co	rtificate has been signed by the attendi	or item 23 shows any injury, or
- NOISINE	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	IMPORTANT: If item 28 is marked, t

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAI	HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last) RAUK	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX Fra	ınk Karl	Weick	2. DATE MONTE	OF DEATH DA	7 9	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 262-39-3284		n yrs. last birthday) 3 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	0F BIRTH 1-20-5	7	Country)	New York
OR	98. FACILITY NAME (If not institution, give 13301 Avebury Dr			Laure	R LOCATION OF DE	ATH		ec. COUNTY Prin		eorge
DIRECTOR	10a. STATE 10b. COUNT	nce George	10c. CITY	town or Locat	ION				- 12	d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 13301 Avebury Dri				ZIP CODE	0708		USA		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Widowed	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN Holty Cuban, Mexica 2 NO Specify	IIC ORIGIN n, Puerto I	I? (Specify Yea Rican, etc.)		RACE	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo		16b	. KIND OF BUS	INESS/INDUST	TRY	
MPLE	Elementery/Secondary (0-12)	Conlege (1-4 or 5+)	Worke	er			onstru			
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank K. Weick,	Sr.			18. MOTHER'S NA Carol	A. (Correy	Surname)		
TO B	Janine A. Luckel				nd Number or Rurel I y Drive					20708
	20a. METHOD OF DISPOSITION 1	noval from Stata	other place)	Cremat	netery, crematory or		Lai	urel,	ary	Tand
	21. SIGNATURE OF FLINERAL SERVICE	1 Conola	1/0075	9 7601		F ring	Rd. L	aurel,	MD	e, Inc. 20707
	23. PART I. Entar tha diaeases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. BRAPN	ach lina.	ichay		h as card	diac or respi	ratory srreat	,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. MOM DUE TO OR AS A	CONSEQUENCE OF	DOM	cylic	20	eu ke	un		3 years
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	ons contributing to death b	ut not resulting	n tha undariyin	g cause given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?	AV CC OF	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:		OTHER:	ACE OF OEATH (CH					_
	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	URY WO	URY AT HRK?	_	SCRIBE HOW I	NJURY OCCUP	ED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28a PLACE OF INJURY	— At home, farm, :				CATION (Street or Town, State)	and Number or	Rural Rout	te Number,
COMPLETED	CONSON ONLY	SICIAN: To the best of my know IER: On the basis of examinatio							nuna(n) n	nd manner as stated
H	THE ASSESSED TITLE OF CENTIFIC			in the opinion,	29c. LICENSE NU		(onth, Jay, Year)
10	THOMOS A BENS	HO COMPLETED CAUSE OF DE		Print)	y Cemi	Tor I	rive 1	Svor	be/1	MD 20770
	31. DATE FILED (Month, Dey, Year) MAY 3 0 90	32. REGISTRAR'S SIGN	ATURE		1					



3. TIME OF DEATN

s. BIRTNPLACE (State or Foreign Country) North Carolina

12:45 pw

1990

1910

Anna 4. SOCIAL SECURITY NUMBER Wallace 5. SEX

1 🗆 M 2 💢 F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. last birthday)

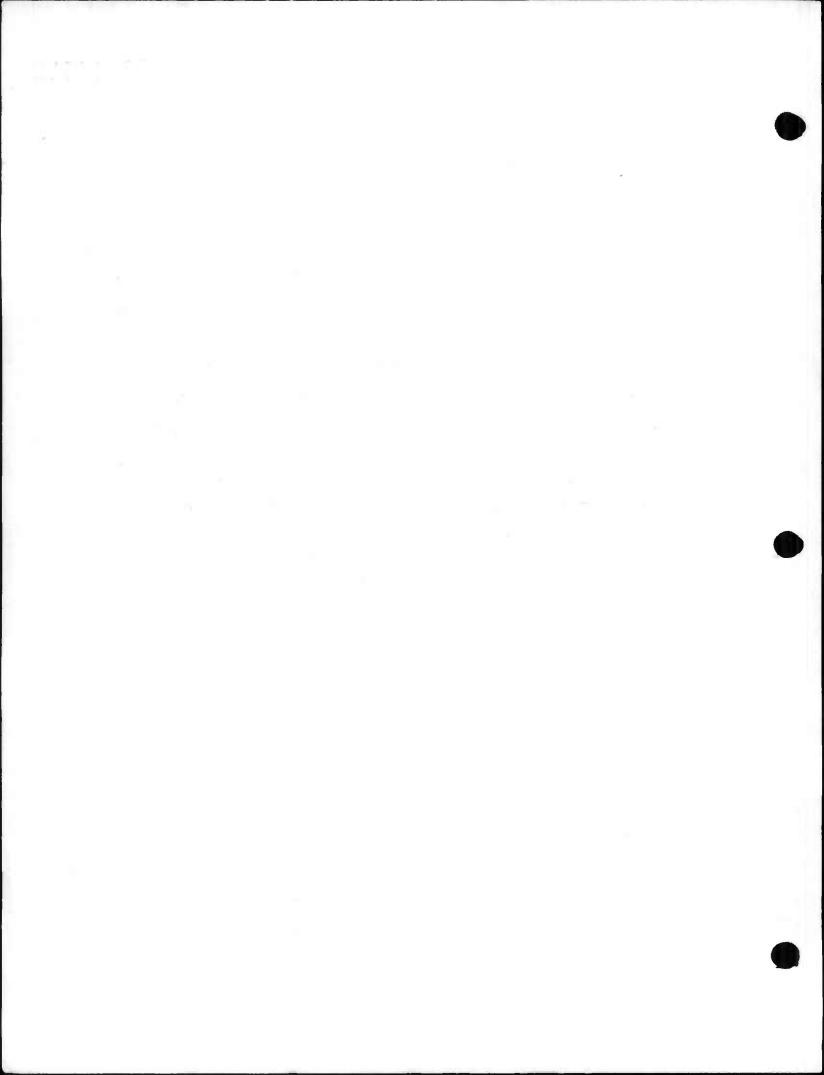
80

2. DATE OF OEATH MONTH MAY 1

7. DATE OF BIRTH (Month, Day, Year)
May 9,

BALTIMORE, MARYLAND 21203-3146	h certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	permiting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Hygiene prior to burial, cremation, or removal.
	9	filled on, or
.O. BOX 13146,	be executed within 2	inding physician and completely filled in by the Hygiene prior to bunial, cremation, or removal,
.O. BO	h certificate	Anding physical Hygiene physical Physic

nc.	98. FACILITY NAME (# #				9b. CIT	Y, TOWN OR LOCATION OF	DEATH		NTY OF DEATH	
DIRECTOR	Montgor RESIDENCE OF C	nery Ge	eneral Hosp	ital		01ney		Moi	ntgomen	: У
100	10a. STATE	10b. COUNT	Υ	10c.	CITY, TOWN	OR LOCATION			10d. tN	ISIDE CITY MITS?
, 5	Md.	P.G.			Hyatt	sville				ES 2 NO
A A	10e. STREET AND NUM	BER			-	10f. ZIP CODE		10g. CITI	IZEN OF WHAT CO	OUNTRY?
l H	6203 Sarge	nt Road				207	82	1	U.S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13.	WAS DECENDENT OF HISI If yes, specify Cuban, Max		a or No—	14. RACE — Ame Black, White,	rican Indian, , atc.
₽	3 ₩ Widowed 4 □		IF YES, GIVE WAR OR O	ATES T		t ☐ YES 2 ☐XNO Spe	ocity:		Specify: Black	ζ
9		DECEDENT'S EDU		16a. DECEDEN (Give kind	of work done	during most of working	16b. KIND OF BU	JSINESS/INC	DUSTRY	
once. COMPLETED	Elementery/Seconde	ry (0-t2)	College (1-4 or 5 ±)		T use retired.		Desire			
once.	17. FATNER'S NAME (Fin	t, Middle, Last)		поше	Make		Priva			
# I #	Eddie Wal	lace				Fan	nie McLean	Wa11:	ace	
notified a	19a. INFORMANT'S NAM			19b. MAIL	ING ADORES	SS (Street and Number or Rui				
To not	Beverly W	allace		620	3 Sar	gent Rd. Hy	attsville,	Md.	20782	
nst be	20a. METHOD OF DISPO		20t lovel from State	other place)	POSITION (A	lame of cemetery, crematory of	or 20c. L	OCATION —	City or Town, Stat	le
er must	4 Donation 5 0		0/	Harmon		orial Park		n do ve		1\1
or removal.	21. SIGNATURE OF FUN	EHAL SERVICE LI	CENSER COLL S	TI	G 22	. NAME AND ADDRESS OF	FACILITY Wa	Shin	ig for	U.C.
exa exa	John	Curice	ienkins to	11, -		716 Kennd	USt. N.	EU.	20	011
edicai	23. PART i. Enter the	e disaasea, or or heert feilure.	complications that cause List only one cause on a	tha death. Dech line.	D not ente	r the mode of dying, a	uch as cardiac or real	oiretory an		Approximata
no. or	IMMEDIATE CAUSE	(Finei	110 d	1.2	1-1:	15.	a moch			Onset and Death
f, cremation, event, the	disease or conditio reaulting in deeth)	' →	BUE TO (OR AS A	2 O Y	2000	rucing	Ury yest		- 4	tab
c eve		_	(enth	20 VA	> CU	la Az	cident		į	/
In pu	Sequentielly flat co		OUE TO (OR AS A	CONSEQUENC	E OF):		1 -1			
CA Ta	cause. Enter UNDE	RLYING	a Conges.	twe		least a	accert			
of Health and Mental Hygiene prior to bunial, cremation, shows any Injury, or other traumatic event, the MEDICAL CERTIFICATION	that initiated events resulting in death)		DUE TO (OR AS	CONSEQUENC	E OF):	U				
Y. OF			d						<u> </u>	
shows any injury. MEDICAL CI	PART II. Other sign	ficent condition	ns contributing to death b	ut not resulti	ng in the u	inderlying ceuse given		N AUTOPSY		AUTOPSY FINDINGS BLE PRIOR TO
ws amy inju EDICAL	- Stalle	105+	recent 1	MOCO	5-00	al info	Clean 1 TYES	1		ETION DF CAUSE
Nows ME				U		0		/\	1 🗆 Y	ES 2 NO
23 st	1									
State Dept. Item 23 s	25. WAS CASE REFERRI		HOSPITAL:		ОТНЕ	26. PLACE OF DEATN	(Check only one)			
를 이 놀	1 TYES 2 NO	<u> </u>	1 Inpatient 2 ER/Out		TIME OF	28c, INJURY AT	28d. OESCRIBE NOW	WILLIBY OC	CUBEO	
P de de		Pending	(Month, Day, Year)		INJURY	WORK?	_	INJUNT OC	COREO	
is mar D BY	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE OF INJURY	— At home, fa	m, street, fa		261. LOCATION (Stree		or or Rural Route Nu	imber,
m 28 is	4 Nomicide	determined	building, stc. (Spe	cny)			City or Town, Stat	9)		
item PLE	29e. CERTIFIER (Check only	ERTIFYING PNYS	IICIAN: To the best of my know	riedge, death oc	curred at the	time, data and place, and	due to the cause(a) and m	anner aa sta	nted.	
12 = 1 2	one)		ER: On the basis of axamination							enger to stated.
RTAN E C	29b. SIGNATURE AND T	TLE OF CERTIFIE	я 1/	1117	10	29c, LICENSE	NUMBER	29d. (0k1	TE, SYDNED , THOUSE	Day might
important: O BE CO!		Gilotra		ing	eve	032	41+	1	muy	won
5 ₹	30. NAME AND ADDRES	S OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27)	Type, Print)	620 6	agia A	dre	w #.	218
	Kan	11 (57)	110789	14.1)	. /	0,0		SILU	erspri	9 MD 2090.
	31. DATE FILED (Month)	79/00	32. REGISTRAR'S SIGN	uidson-18					C	
	US MAI	> 00-00	- Guna Da	riason-No	MARIE					DHMH.16 Rev 1/89



DIRE

FUNERAL

at at	Ш.	(Specify only highest grade	comp	oleted)
the hospital or att detached for use once.	PLE	Elementary/Secondary (0-12)	Co	ollege (1-4 or 5+)
by the hos be detache at once.	E COMPLETE	17. FATHER'S NAME (First, Middle, Lest) Richard Willi	1	
e retained by a should be notified at	TO BE	190. INFORMANT'S NAME (Type/Print) Doris V. Wil).
s 6 may be ector, page must be		20e_METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval	from State
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at THE FUNEPAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		21. SIGNORUME OF SUMERING RESPONSE LA	V	1
ours afte In by the or remov		23. ARY I. Enter the disesses, or shock, or heart fellure.		
hin 24 ha tely filled mation, o		IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a	Art
complerial crea	7		ų	DUE TO (OR
be exectician and for to bu	ATIO	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	D	DUE TO (OR
OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with ONRECTOR this cartificate has been signed by the attending physician and comple hours after death with the State Dept. of Health and Mental Hygiene prior to burial, one item 28 is marked, or item 23 shows any injury, or other traumatic even	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c	DUE TO (OR
the dea the att d Menta injury,	AL CI	PART II. Other algorificant condition		
that ed by th an	2	Hyperten		
requires sen sign of Heal	ME	Chronic	Ob	structi
law law bept. 23	AN	25. WAS CASE REFERRED TO MEDICAL	_	
The trate	2	EXAMINER?		OSPITAL:
CLAN ertific	IYS	1X YES 2 NO	11	Inpetient 2 X ER
G PHYS er this of with	Y PF	1 Netural 5 Pending 2 Accident Investigation		(Month, Day, Ye
ATTENDING PHYSICIAN ECTOR: After this cartification is after death with the 128 is marked, or	TED E	3 Suicide 6 Could not be 4 Homicide determined		28e. PLACE OF IN. building, etc.
THE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR: After filed within 72 hours after death PORTANT: If item 28 is mar	OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS		: To the best of my i
THE HOSPITHE FUNER filed within PORTANT:		296. SIGNATURE AND TITLE OF CERTIFIE	R	N-
₽ ₽ ₽ %	5	30, NAME AND ADDRESS OF PERSON WI	10 CC	OMPLETED CAUSE O

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 90 William A. Willis 1524 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 2-28-28 220-20-5360 DAYS HOURS 1 🕁 M 2 🗌 F 62 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Peninsula General Hospital Wicomico Salisbury RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Benlin 10e. STATE 10b. COUNTY 10d. INSIDE CITY Md. Woncester 1 YES 2 NO 100. STREET AND NUMBER 841 Ocean Fankway 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21811 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yee, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 KMarried Specify White BY 3 Widowed 4 Divorced WIL 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KINO OF BUSINESS/INOUSTRY Managen Credit Union 16. MOTHER'S NAME (First, Middle, Maiden Surname Kathenine Zellen 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4876 Ocean Pines Berlin, Md., m21811 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Gandens of the Pines Berlin. Md. 22. NAME AND ADDRESS OF FACILITY Ullrich Funeral Home Berlin, Md. used the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate Onset and Death eriosclerotic Cardiovascular Disease AS A CONSEQUENCE OF: AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED? th but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE TYES 2 KNO OF DEATH? ve Pulmonary Disease 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: Outpatient 3 DOA se 5 - Residence 6 - Other (Specify) 28b. TIME OF 26c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO JURY — At home, farm, street, factory, office (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. nation end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(s) and manner as stated. 29c. LICENSE NUMBER
DO 3599 29d. DATE SIGNED (Morath, Day Mar) Deputy M.E. F DEATH (ITEM 27) (Type, Print) John T. Bulkeley 108 Pine Bluff Road Salisbury, Maryland 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 24 '90 wha Davidson Randall

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	hin 2 surs	tely filled in b matton, or rer	t, the medi
DIVISION OF VITAL RECOIDS, 1.0. BOX 1013,	certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	other traumatic even
	quires that the death of	n signed by the attend f Health and Mental H	ows any Injury, or
	SICIAN: The law red	certificate has been	d, or item 23 sh
	OR ATTENDING PHY	DIRECTOR: After this ours after death with	tem 28 Is market
1	TO THE HOSPITAL (TO THE FUNERAL (be filed within 72 h	IMPORTANT: II II

				CERTIFI	CATE C		ТН		REG. NO.				
1. DECEDENT'S NAME (Firs	t. Middle, Last)	Ω Gec	rgian	na Beat	rice V	Villia	ms		OF DEATH	W	YEAR	3. TIME OF DEAT	Н
GEORGIA	1000	· 0. 1	Uilli	BW2				May		5 1	990	6:45	A
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yr	s. last birthday)	MONTHS DAY		24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		Country		reign
213-20-1975			0.	L THS.	9b. CITY, TOV				18,19		Mary		
Fallston Ge					Falls		ION OF DI	EAIH			rfor		
RESIDENCE OF DE	10b. COUNTY			40. 0(7)	, TOWN OR LO	CATION					T	10d. INSIDE CITY	
Maryland	Harf				Air	CATION						LIMITS?	
O. STREET AND NUMBER		.014		1 202	2343.	10f. ZIP COD	E			10g. CITI		HAT COUNTRY?	
121 Archer	Street	:				210	1.4				USA		
I. MARITAL STATUS		12. WAS DECEDEN				DECENDENT	OF HISPAI		? (Specify Yes	or No-	14. RACE	- American India	in,
Never Married 2		FORCES? 1 IF YES, GIVE V				, specify Cub YES 2 X NO			lican, atc.)	- 1	Specify	· ·	
₩idowed 4 Div					1							Black	
	CEDENT'S EDUC by highest grade		16	(Give kind of w life. Do NOT use	rork done during	ATION most of work	ing	18b.	KIND OF BU	SINESS/INC	DUSTRY		
Elementery/Secondary	0-12)	College (1-4 or 5)	Domes					Housel	rooni	na		
FATHER'S NAME (First, i	Middle Last)			DAILES	CIC	18 MO	HEB.6 N		HOUSE!		119		
James Lewis		1							ie Bel	,			
a. INFORMANT'S NAME		-		19b. MAILING	ADDRESS (Str	_					Code)		_
Corrina G.		.ngton										. 21014	
a. METHOD OF DISPOSI	TION		20b. PL	ACE OF DISPOS							City or Tov		
M Burial 2 ☐ Cremat ☐ Donation 5 ☐ Othe		oval from State		er place) erk's U	nited	Method	list	Cem.	Be.	LAir	. Ma	rvland	
. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE		_	22, NAM	E AND ADDRI	SS OF FA	CILITY					
Large	0 4	MA Par	110-	11/	HOWa	rd K.	MCCC	omas	III Ft	ınera	I. HOI	me, P.A. 21009	•
23. PART I. Enter the	diaaasea, or o	complications the	t caused th	a death. Do n							-	Approxim	ata
ahock, or	haart fallure.	List only one car	se on aach	lina.								Interval B	etwee
IMMEDIATE CAUSE (F	nei	a. HEP DUE TO DUE TO DUE TO	4701	CENA	1_	FAT	-	nR	E			3 m	Ar
reaulting in death)	•	DUE TO	(OR AS A CO	NSEQUENCE OF	7):						4		1
O mail office Host or on will		a CHR	ONIC	- 6	1mg	HUC	40	-	LEU	REY	114	4	K
Sequentially list condi if any, leading to imm	ediata	DUE TO	(OR AS A CO	NSEQUENCE OF	n).		,					' /	
cause. Entar UNDERL' CAUSE (Disease or in		C	(OR AS A CO	NSEQUENCE OF	n.							+	
that initiatad events reaulting in daath) LA	ST	502 10	(011 23 2 00	MOLGOLINGE OF	,							İ	
		d						- 1				+	
PART II. Other signific	ant condition	s contributing to	daath but	not resulting i	n tha undar	lying cause	given in	Part I.	24a. WAS AN PERFOI			WERE AUTOPSY F	
									1 TYES 2	NO		COMPLETION OF (CAUSE
										/ \		1 TYES 2 T	NO
5. WAS CASE REFERDED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (C	heck only or	ie)				
1 TES 2 NO		1 Inpatient 2	ER/Outpatle	nt 3 🗆 DOA		Home 5 🗆 F	lasidenca	-					
7. MANNER OF DEATH	Pending	28a. DATE Of (Month, L		28b. TIMI	URY	WORK?		28d. DES	CRIBE HOW	INJURY OC	CURED		
Accident	Investigation	00 Pt 405	er and all terms			YES 2	NO						
3 Suicide 6 4 Homicide	Could not be determined		atc. (Specify)	At home, farm, a	mreet, tactory,	отнса			ATION (Street or Town, State		or Hunai H	oute Number,	
a. CERTIFIER	TIFVING PHYS	ICIAN: To the best o	my knowledg	a death occurs	ed at the time	dele and plac	e and du	e to the co	ree(e) and ma	nner ee ete	ted		
conden only		ER: On the beals of a										and menner as s	stated.
A 1	E OF GENTIFIE		X		1200		ENSE NU	_		-	E SHOWED		
MO. SIGNATURE AND TOP	9	un	- X	6	2					15	12	5/9.	
No. SIGNATURE AND THE	- 1/	-								- 4		1 / / -	
1/	OF PERSON WH	HO COMPLETED CAL	SE OF DEATH	(ITEM 21) (Type,	Print)	112-	- <i>i</i> Z	1-2-1	Anc	- 3	472	3/10	
11	OF PERSON WH	10 COMPLETED CAL	SE OF DEATH	(ITEM 21) (Type,	Print)	2/2	B	1521	m	4 mi	12	v) 2	10
11	OF PERSON WH	10 COMPLETED CAL	SE OF DEATH	(ITEM 21) (Type,	Print)	1:2	- 13	421	AIC	- 3	15	3/10	,

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 includ by detected the truncation of the funeral director, page 5 includ by detected the truncation of the funeral director, page 5 includ by detected the funeral Hygiene prior to burlal, comparing.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ELMO M.

31. DATE FILED (Month, Day, Year)
MAY 3 1 1990

GAYOSO

	FOR 1 - STATE	STATE OF N	MARYLAN	ND / DEPAR									0 10	00
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CENTIF	ICATE	UF	DEA	I II	2. OATE OF	REG. NO.			3. TIME OF DE	ATH
	ETHELYN W WARK								MONTH 05	27	Y	90	0200	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF I	SIRTH			HPLACE (State or	
- 1	213-74-1908	1 □ M 2 🔀 F		91 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di			Counti	inia	
	9a. FACILITY NAME (If not institution, give st	reet and number)		91	9b. CITY.	TOWN 0	OR LOCATI	ON OF DE		-90		NTY OF D		
œ l	NORTH ARUNDEL HO	SPITAL			GL	EN E	BURNI	E, M	ARYLAN	ARYLAND ANNE ARUNDEL				
100	RESIDENCE OF DECEDENT													
минентом	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CI'	ľΥ
ā		Arundel		1703									1 TYES 2	N
ZA.	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEI				WHAT COUNTRY	1
FUNERAL	1703 Delage Lane		WAS DECEDENT EVER IN U.S. ARMED					401			USA			
F	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YE\$	2 X NO	1	yes, sp	ecity Cuba	ın, Mexicai	NC ORIGIN? (S n, Puarto Rica		or No-	Blac	E — American In k, While, atc.	dian,
B	3 XWidowed 4 Divorced	IF YES, GIVE V	MAR OR DATI	ES	1	_ YES	2 <u>₩</u> NO	Specify	/ :			Spec	white	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			6a. DECEDENT'S	USUAL OC	CUPATIO	DN		16b, KII	ND OF BUS	SINESS/ING	DUSTRY		
E	(Speciny only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o se retired.)	luring ma	st of workli	ng						
릴					Hemer	nake	er			Home	<u> </u>			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	lle, Malden	Sumame)			
BE (William A. Russel	1					F10	renc	e Crun	nb1ey	r			
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS	(Street a	and Numbe	r or Rural F	Route Number,	City or Tow	n, State, Zip	Code)		
-	Mrs. Iris L. Russ	e11		Same						,				
	20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Rame	ovel from Stata	0	PLACE OF DISPO				,			CATION —			
	4 Donation 5 Other (Specify)		_ B	altimor				emet		Calt	onsv	<u>ille</u>	, MD	
	21. SIGNATURE OF PUNEMAL SERVICE UK	ZERENCE.	/)											
	XXIV-	_/			Baı	cran	ICO &	Son	s Seve	rna	PArk	, MD	21146	
										Approxi	mate Between			
	IMMEDIATE CAUSE (Finel		/	V	10	1 1	IA							nd Death
	disesse or condition resulting in death)	s	0	E CLI	110		16							
		DUE TO	(OR AS A C	ONSEQUENCE O	F): 1									
N N	Sequentially list conditions,	b. Oue Te	(OR AS A C	ONSEQUENCE O	V V-									
CERTIFICATION	if sny, leading to immediate csuse. Enter UNDERLYING	552 10	(011 /10 /1 0	ONGEODENCE O	.).								j	
음	CAUSE (Disease or injury that initiated events	CDUE TO	OR AS A C	ONSEQUENCE O	F):								-	
E	resulting in death) LAST													
S		0												
Ä	PART U-Other significant condition	is contributing to	death but	not resulting	in the un	deriyin	g ceuse	given in	Part I. 24	PERFO	AUTOPSY	241	b. WERE AUTOPSY AVAILABLE PRICE	OR TO
MEDICA	11/2010	arp			190	1	3/1	0	PR 1	YES 2	NO NO		OF DEATH?	r CAUSE
	(D) OHI				(2)	-			112				1 YES 2] NO
ä	DEN	TOS	×											
<u> </u>	25. WAS COME REFERRIED TO MEDICAL EXAMINERY	HOSPITAL:			OTHER	₹:			eck only one)					
PHYSICIAN:	27. MANNER OF DEATH	inpetient 2		lent 3 U DOA			JURY AT	lasidence	8 Other (S 28d. OESCR		IN ILIBA UC	CURED		
	Netural 5 Pending		Day, Year)	IN	JURY	W	YES 2	□ NO	200. 02001	ibe non		TOOTIES		
8	2 Accident Investigation 3 Suicide Could not be	28a. PLACE	OF INJURY -	- At home, farm,	street, fact				281. LOCATI	ON (Street	and Numbe	or or Rural	Route Number,	-
띮	4 Homicide 8 Could not be	building	, etc. (Specif)	y)					City or 1	own, State)			
Ē	29a. CERTIFIER 1 TO CERTIFYING PHYS	ICIAN: To the heat o	d mu knowle	dan danth occur	rad at the 1	lma des	and alex	a and de-	to the enuce	a) and a-	Door on ri-	thed		
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(s) and manner as stated.													
	29b. SIGNATURE ANDITITLE OF CERTIFIE							ENSE NU				TE SIGNE		40
BE	Jour P	20	m	· 12.			200	Luse MA	429	8	DA UA	I SIGNE	12819	0
2	30 NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAL	ISE OF DEAT	TH (ITEM 27) (Tvn	e Print)		U							-

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

M.D. 273-F PENINSULA FARM ROAD

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

21012

ARNOLD, MARYLAND

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE	OF	DEATH	A	EG. NO.			
ı	1. DECEDENT'S NAME (First, Middle, Last)			4				2. DATE OF I	DA	v	YEAR 3.	TIME OF DEATH
,	IVA P. WHITE							05/	18	3/	1990	7:55 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7 DATE OF S	HOTH	* T	8. BIRTHPL	ACE (State or Foreign
	220-12-1265A	1 🗆 M 2 🂢 F	67	YRS.		DAYS	HOURS MIN.	(Month, Da 04/	18/2		Mary1	
_	9a. FACILITY NAME (If not institution, give a						R LOCATION OF DE				ITY OF DEAT	
DIRECTOR	Deer's Head Cen	ter			Sa	llis	bury, Md	. 218	101	Wi	comi c	0
Ĭ,	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR						10	d. INSIDE CITY LIMITS?
	Md. Wicon	mico			Sali							X YES 2 NO
FUNERAL	100. STREET AND NUMBER 215 Pine Bluff R	oad		10f. ZIP CODE 21801					10g. CITIZEN OF WHAT COUNTRY? USA			
3	11. MARITAL STATUS	12. WAS DECEDENT EX	/ER IN U.S. AR	IMED			ENDENT OF HISPAN			or No-	14. RACE —	American Indian, /hita, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	NO			2X NO Specify		ı, atc.)	ŀ	Specify: Whit	
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCC	CUPATIO	ON at all working	16b. KIN	D OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done du se retired.)	ming mo	at or working					
M M	12		Н	omem	aker						2	
8	17. FATHER'S NAME (First, Middle, Last) Harley James Bail	037					18. MOTHER'S NAI Suzy Bla				Raile	37
H	19a. INFORMANT'S NAME (Type/Print)	Су	T 40	h MAILING	ADODESS	(Change o	and Number or Rural F					- y
Jeffrey White 215 Pine Bluff Rd. Salisbury, Md. 21801												
	20a. METHOD OF DISPOSITION	OF DISPO			netery, cremetory or				City or Town	, Stata		
	1 Buriel 2XXCremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other of	lacal.			ematoriu	m	Geo	rgeto	own, I	e.
	21. SIGNATURE OF FUNDIAL SERVICE LIC	CENSEE	11			2. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc.						
	Williams	W. A	hast	4							940	
										Approximeta		
	IMMEDIATE CAUSE (Finel	List only one cause	on ascn line	В.								Onset and Death
	disease or condition	a. Cancer o	f Brea	st w	ith M	eta	stacie t	o hone	e La			
	tosuming in deathy	DUE TO (OF	AS A CONSE	QUENCE O	F):		3-43-6	0_00110	•			
Z	Sequentielly list conditions,	Pancyto	penia									
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING					€ D	ibe					İ
FIC	CAUSE (Disease or Injury that initiated events	. Patholog	AS A CONSE	QUENCE O	ure o fi:	IK	105					1
F	and a state of the	d. Status	Post (R) M	astec	tom	V					
CE				11111111111111111							_	
EDICAL	PART II. Other significant condition	_	ath but not	resulting	In the und	derlyin	g cause given in	Part I. 24	PERFOR	AUTOPSY RMED?	/ A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
음	Paralyti	c lleus						_ 1	YES 2	NO D	0	OMPLETION OF CAUSE F DEATH?
ME								_			1	YES 2 NO
ä												ÿ
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEATH (Ch	eck only one)				
ΥSI	1 VES 2 NO	1 X Inpatient 2 - El					ne 5 🗆 Residence					
	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		28b. TIR	JURY M	WC	DURY AT DRK? YES 2 NO	28d. DESCRI	BE HOW I	INJURY OC	CURED	-
BY	2 Accident Investigation	28e. PLACE OF IR	LIURY — At h	ome form	street facto			28/ LOCATIO	ON (Street	and Number	or Aural Rou	te Number
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc.		one, 181111,	317001, 18010	, o			own, State)		- OF HOTHER FOOD	no regrizon,
29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and m								a) and ma	nner as stat	ted.		
NO N	anal .	ER: On the basis of exem	elnation and/or	Investigati	on, in my op	olnion, d	death occured at the	time, data and	1 placa, ar	nd due to th	he cause(a) a	nd menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R	10				29c. LICENSE NUI	WBER		29d. DAT	E SIGNED (A	forth, Day, Year)
) BE	M	Shines	etha.	MI)		D162	78		1	5.18	3.90
5	the second are faithful to the second of	O COMPLETED CAUSE					-					
1	Dr. Maheswari S	nrestna M	SIGNATURE	D	eer's	Не	ad Cente	r Sal	1 sbu	ry.	Md.	21801
10	MAY 2 1 '90	Alia Karista	1 Budi	100								

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	SANDY	. A.	WORTHI	NGTON		May 14,	1990	7:40 A.M			
			GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign			
			75 YRS.	MONTHS DAY		(Month, Dey, Year) 5/19/19	14 Wa	ountry)			
	9e. FACILITY NAME (If not institution, give stree	it and number)		9b. CITY, TOW	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
TOR	Regency Nursin	ng Home		Fore	stville		Princ	e George's			
E	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
E	Maryland Princ	ce Georg	e's	Lando	<i>r</i> er			LIMITS? 1 YES 2X NO			
FUNERAL DIRECTOR	10e. STREET AND NUMBER	3			10f. ZIP CODE			OF WHAT COUNTRY?			
y	7624 Muncy Roa	a a 12. was decedent eve		1	20785			d States			
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 12 Y	ES 2 NO	If yes,							
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S	USUAL OCCUPA	TION	18b, KIND OF BU	SINESS/INDUST	Black			
	(Specify only highest grade con Elementary/Secondary (0-12)		(Give kind of vi	work done during se retired.)	most of working						
COMPLETED	6th Grade	College (1-4 or 5+)	Reti	rod		D C	"rans	it			
NO.	17. FATHER'S NAME (First, Middle, Lest)		VELT	LEU	18. MOTHER'S NA	ME (First, Middle, Meiden					
ö	John Worthin	aton				arv Coll					
BE	19a. INFORMANT'S NAME (Type/Print)	3-3	19b. MAILING	ADDRESS (Stre		Route Number, City or Tox		(e)			
2	Loretha B. Ding	ile				l., Lando		•			
- !	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOS				CATION - City				
	1 SyBuriel 2 Cremation 3 Removal from Blate other place)										
	4 Donation a Other (Specify) Harmony Memorial Park Landover, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE (), 22. NAME AND ADDRESS OF FACILITY										
	22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 4001 Benning Road, N.E. Wash										
	23. PART /. Enter the diseases, or cor	mplications that car	aed the death. Do								
	hock, or heart fallure. List only one ceuse on sech line.										
	IMMEDIATE CAUSE (Final disease or condition	A CHIMPI						Onset and Death			
	disease or condition a. ACUTE CARDIO PULMONARY ARREST DUE TO (OR AS A CONSCOUENCE OF):										
z	Multisystems Failure										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	F):							
3	CAUSE (Disease or Injury	Multip	le Myelon	na wit	h Diffus	se Metast	ases	l Year			
E	that initiated events	DUE TO (OR	AS A CONSEQUENCE O	F):							
EH	resulting in death) LAST										
2	PART II. Other significent conditions	contributing to dea	th but not resulting	In the underl	ing cause given in			24b. WERE AUTOPSY FINDINGS			
DICAL	S/B L Hemispher					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Ö						1 TYES	ZXJ NO	OF DEATH?			
ME	<u>Myleoma Brain</u> from Poor Eat		ises. Re	cent	penyarat	Ton		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	TIIG		24	PLACE OF DEATH (C)	neck pak pael					
PHYSICIAN:	EXAMINER?	HOSPITAL:	Marian - Depart	OTHER:							
ίΥS	1 YES 2 NO 1	1 Inpetient 2 ER/			INJURY AT	8 Other (Specify) 28d, DESCRIBE HOW	IN III DV ACCUR	FO			
	1 Selectural 5 Pending	(Month, Day, Ye		JURY	WORK?	290, DESCRIBE NOW	MJONT OCCUR				
ВУ	2 Accident Investigation	28a PI ACE OF IN	IURY — At home fe-			281 LOCATION (Sweet	and Number or E	Burel Route Number			
COMPLETED	3 Suleide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)										
E	290. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my (rnowledge, death occur	ed at the time.	tate and place, and due	to the cause(e) and me	enner es stated.				
MP	CONDEN OTHY							use(a) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			100			
BE	250. SIGNATURE AND THE OF CENTRES	/TID	son mi	D	DO2237			ONED (Month, Day, Year)			
9	30. NAME AND ADDRESS OF PERSON WHO	COMBI ETED CAUSE O	E OFATH HITEM OF	- Delett	1002237	MD	may .	15, 1990			
-		rson, M.			d Post D	A 0	. 11233	MD			
	31. DATE-FILEO (Month, Day, Year)	32_REGISTRAR'B		23 UI	u rort R	d., Oxon	HILL	MD.			
	SERVE 2 7 CO		Inna Randelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

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	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT ICATE				MENTAL HYGIEN REG. NO	_	50	10001		
	1. DECEDENT'S NAME (First, Middle, Last)	S. WA	Ster	Ĭ.					2. DATE OF DEATH DO NOT HE DEATH		YEAR 90	72 554 M		
	4. SOCIAL SECURITY NUMBER 246 18 1671-D	5. SEX 1	6. AGE (In yrs. Inst	YRS.	BF UNDER MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 3	191	Country)	N.C.		
TOR	98. FACILITY NAME (If not institution, give si		fr.		9b. CfTY		recati	ON OF DE	EATH	9c. COUN	TY OF DE	ATH		
DIRECTOR	Maryland 106. COUNTY	PG			r, town o	OR LOCAT	ION	V			- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1805 Rebecca C	ourt				101. ZIP CODE 109. CITIZEN OF W United						States		
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES					If yes, sp	ecify Cube		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	Black,	- American Indien, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 8th Grade 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. NOT use retired.)														
8E	17. FATHER'S NAME (First, Middle, Last) Garfield Gran 19a. INFORMANT'S NAME (Type/Print)	t	191	b. MAILING	G ADDRES	S (Street a	Ве	etti	ME (First, Middle, Melden e King Route Number, City or Tov		Code)			
10	Bettie J. Lowe		20b, PLACE		05 R					Oc. LOCATION — City or Town, State				
	1 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21 Substatute Of Funeral Service Life		other pl	ece)	the	WS NAME AI	Chui	ch	Cemetery	В		lesboro,N.		
	23. PAST L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Approximate interval Between Onset and Death													
CERTIFICATION	IMMEDIATE CAUSE (Primal diseases or condition) resulting in death) a. Cardis fully Annest DUE TO (OR AS A CONSEQUENCE OF): Cerebral Viscoular fully that initiated events resulting in death) LAST Cardis fully Annest DUE TO (OR AS A CONSEQUENCE OF): Cerebral Viscoular fully that initiated events resulting in death) LAST d. Cardis fully Annest Due TO (OR AS A CONSEQUENCE OF):									nee_				
MEDICAL	PART II. Other significant condition	eontributing to	o death but not i	resulting	in the u	nderlyin	g cause	given in		RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1/2 YES 2 \(\text{ NO} \)		ER/Outpetient 3		1	R: rsing Hon	ne 5 🗆 F		heck only one) 6 Other (Specify)					
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. PLACE	Day, Year)	115	TIME OF INJURY AT WORK? M 1 VES 2 NO 26c. INJURY AT 26d. DEŞCRIBE HOW INJURY OCCURED 26d. DEŞCRIBE HOW INJURY OCCURED 26d. DEŞCRIBE HOW INJURY OCCURED 26d. DEŞCRIBE HOW INJURY OCCURED 26d. DEŞCRIBE HOW INJURY OCCURED						oute Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.													
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,														

D17/6

Whitten 9556 CRAIN LINDA

31. DATE FILED (Month, Day, MAY 23 90

ia Savidson Randolle

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Upper montbero

C.

DHMH-16 Rev 1/89

ייי ביייי שלהו ביייי	within 24 hours after death. Page 6 may be retained by the hos	npletely filled in by the funeral director, page 5 should be detache cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13130,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		197		2. DATE OF DEATH	3. TIME OF DEATH				
1 1	FRANCES	M	DERRIE	_	MONTH DAY	40 1102 PM				
1 1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) F	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
\ I	578-01-3565	1□M2xF 70	YRS.	THE DAYS HOURS MIN.	1 February	1920 Virginia				
J	9a. FACILITY NAME (If not institution, give str	1 /	/	CITY, TOWN OR LOCATION OF D	/	COUNTY OF DEATH				
DIRECTOR	SOUTHERY MI	ARY IAMO 1	t OSPITA	CIIMTO	~	VRINCE GEORGER				
1 1 1	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?				
ā		e George	Temp	le Hills		1 X YES 2 NO				
14 I	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	5208 Springwood			20748		United States				
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 TYES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico	NIC ORIGIN? (Specify Yeard an, Puerto Ricen, etc.)	Black, White, etc.				
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2 NO Specif	y:	souchy:Caucasian				
03	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSH	NESS/INDUSTRY				
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work Ille. Do NOT use rei	done during most of working ired.)						
릴	10	none	Housewife		Own Home	e				
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Malden St	umame)				
BE (Tilton Hawes			Lulu	Kirkpatricl	k				
2	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Rural						
1-1	David Weare			ringwood Drive						
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 😾 Cremation 3 ☐ Ramo	owni from State	other place)	N (Name of cemetery, crematory or		ATION — City or Town, State				
	4 Donation 5 Other (Specify)		dar/Hill C	Crematory Suitland MD. 22. NAME AND ADDRESS OF FACILITY ROBERT E. Wilhelm Inc.						
	21. SIGNATURE OF PARTIES	17/1	//	4308 Suitland						
Ш	14000	and her	in							
	23. PART I. En(er the diseases, pr c ehock, pr heert fellure. I			enter the mode of dying, su	ch as cardiac pr respire	atory arrest, Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition)									
	resulting in death)	Deposes a	res ry	portone	Shoen	1 day				
		DUE TO (OR AS	CONSEQUENCE OF	t/ (m)	67	to 3 km. H.				
ON	Sequentieily liet conditions,	DUE TO (OR AS /	CONSEQUENCE OF):	new new cook		> Mercia				
¥.	if any, leading to immediata cause. Enter UNDERLYING	Ronlit	Samuel a	nd Melas	lein					
E	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):	7						
CERTIFICATION	resulting in daeth) LAST	d								
IL C	PART ii. Other significent conditions	s contributing to death !	out not resulting in t	ne undertying cause given in	Part i. 24s. WAS AN A	AUTOPSY 24b. WERE AUTOPSY FINDINGS				
	Chosephie				PERFORM	COMPLETION OF CAUSE				
MEDIC	God Eyes				70 86	OF DEATH?				
≥ :					_ /° 000	KES/IN.				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	1116				
Sic	EXAMINER? 1 — YES 2 PNO	HOSPITAL: 1) Synpatient 2 ER/Out		FHER: ☐ Nursing Home 5 ☐ Residence	8 - Other (Specify) 57	14/913 & family does				
둦	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE HOW IN	JURY OCCURED an entages				
ВУ	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,		M 1 TYES 2 NO		per David We				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree city)	t, factory, office	28t, LOCATION (Street ar City or Town, State)	nd Number or Rural Finals Manuals				
H	4 Homicide determined					A				
COMPLET	(Check only			t the time, data and place, and du		ner as stated. If due to the cause(a) and manner as stated.				
8	29b. SIGNATURE AND TITLE OF CONTINUE			29c. LICENSE NU		29d. DATE SIGNED (Month, Day, Year)				
TO BE	Hower T/	Laker	MS	D 203	5 2	► S-/4-90				
-	36. NAME AND ADDRESS OF PERSON WH	A72W		926 Woosx	yes Rol	Clivron Mes				
	31. DATE FILED (Month, Day, Year) MAY 2.3 '90	32. REGISTRAR'S SIGN								
	THAT L. J. GO	I me man freedy and								

ust be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creming with the 18 is marked, or Item 23 shows any Injury, or other traumatic event	With	nplet	Crem	vent
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bu IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumati	urted	000	ILIAN.	0 0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior iMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other trau	exec	and	000	ша
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physibe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene pimPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other?	2	iciar	20	136
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygie IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or off	ficate	phys	De D	Jer.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filled within 72 hours after death with the State Dept. of Health and Mental H IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	certi	ging.	ygie	0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the abe filed within 72 hours after death with the State Dept. of Health and Men IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury	ath	тел	Tal H	6,0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any In	e de	the	Men	F
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health IMPORTANT: If item 28 is marked, or item 23 shows an	al the	à	and	y L
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been sit be filed within 72 hours after death with the State Dept. of He IMPORTANT: If Item 28 is marked, or Item 23 show	#SS	gned	all a	3 31
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31. DATE FILED (Month, Day, JUN 1 2 1990)

32. REGISTRAR'S SIGNATURE

									20 1	0000
	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH MONTH	DAY	YEAR	OF DEATH
	HOMER	W.		WRAT	CHFORD		June 8,	1990	2:1	.1 Ан
			L AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (S Country)	State or Foreign
	232-26-3570	1 N 2 P	79	YRS.	MONTHS DATS	HOORS MIN.	6-4-11		oorefie	ld. wv
	9a. FACILITY NAME (If not institution, give stre	set and number)			96. CITY, TOWN O	R LOCATION OF DE	ATH		ITY OF DEATH	
R	Memorial Hospital	1			Cumber	land		A1.	legany	
DIRECTOR	RESIDENCE OF DECEDENT 18a, STATE 18b, COUNTY									
8	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LOCATI	ION				HOE CITY
0	WV Gran	it			Burling					S 2 NO
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITI	ZEN OF WHAT COU	JNTRY?
Ä	Star Rt 1, B					26710			USA	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT (FORCES? 1					IIC ORIGIN? (Specify 'n, Puerto Rican, etc.)	ea or No-	14. RACE - Ameri Black, White, a	ican Indian, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR OATES		1 TYES	2 NO Specify	r:		Specify: White	
	15. OECEDENT'S EDUCA	ATION	16a, DE	CEDENT'S 1	JSUAL OCCUPATIO	DN .	16b. KIND OF E	USINESS/IND		3
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	be kind of w Do NOT use	ork done during mos	st of working				
P	8	50/lege (1-4 6/ 5 +)		Labor	er					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maid	on Surname)		
	H. Gilbert	Wratchfor	rd			Dhoo	ebe Kuv	kendal	1	
BE	19a. INFORMANT'S NAME (Type/Print)	WEALTHON		b. MAILING	ADORESS (Street as		Route Number, City or 1			
욘	Beatrice Wratc	hford		Star	D+ 1	Box 73	Burlin	at on	Ta77 C	26710
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	TION (Name of cen				City or Town, State	
	1 SyBurial 2 Cremetion 3 Removed	val from State	other pla		Hill C e	omotors		Dotoro	burg. W	7
Ŋ.,	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	,	aprie		ID AOORESS OF FA	CILITY		J,	
2	* Alsin	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					ERAL HOME	TNIC	Petersbu	arg, wv
	Jolann Schaffer									26817
-	23 PART I Enter the diseases or co	amplications that	caused the de	eth Do o	11 Nor	rth Main	Street-P	O Bo		26847
	23. PART I. Enter the diseases, or co shock, or heert failure. Li				11 Nor	rth Main	Street-P	O Bo	est, Ap	pproximate terval Between
					11 Nor	rth Main	Street-P	O Bo	est, Ap	pproximate
	shock, or heert failure. L	lat only one ceuse	e on each line	L	ot enter the mod	rth Main	Street-P	O Bo	est, Ap	pproximate terval Between
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3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
Maryland

4:12AM

DHMH-16 Rev 1/89

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24101	executed wy.	and completely
	leath certificate be e	attending physician
DIVISION OF VITAL RECORDS, P.O. BOA 13140	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in
OF VIAL	S PHYSICIAN: The	r this certificate ha
DIVISION	OR ATTENDING	DIRECTOR: After
	HOSPITAL	FUNERAL

2, 3	DIRECTOR	Memorial Hospita	1		- (CUMBERI	AND			ALLE	GANY	
es 1.	EC	10a. STATE 10b. COUN	ry		10c. CITY, TO	WN OR LOCAT	TION				100	d. INSIDE CITY
. Pages	뜸	Maryland Alle	gany		Cumber	land					10	LIMITS?
ji oermi		10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WHAT	T COUNTRY?
insit (ER	58 Wempe Dr	ive				21502			USA		
the burial-transit permit.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	IN U.S. 791 2 (4N DATES K	orean	It yee, sp	ecity Cuban, Maxica 2 (X NO Specify	n, Puarto		a or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
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be detached for use at once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe.	rk transportation CSX railroad							
be detach at once.	E CO	17. FATHER'S NAME (First, Middle, Last) Brian Wilson					18. MOTHER'S NA Daisy	NAME (First, Middle, Meiden Surname)				
	#0 B	190. INFORMANT'S NAME (Type/Print) Rici Ann Rowley	Wilson				and Number or Rural i	Route Nun	nber, City or Town		ode)	
數道		20a, METHOD OF DISPOSITION	20	b. PLACE	OF DISPOSITIO		Cumber1	ann,		CATION — Cit	y or Town,	State
劉耀	2	1 Burlal 2 N Cremation 3 Removal from State 4 Donation 5 Other (Specify) Rosedalecrematory Martinsburg,									rg. V	JV
e funeral de al. examinen		21. SIGNATURE OF UNERAL SERVICE LICENSEE 7 Caralli Funeral Home Cumberland, MD 21502										
mpietely uned in by the cremon or remonsivent, the medical		23. PART I. Sheer the disesses, Drinock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. List only one cause on	each line	. C L			h aa ca	rdiac or respi	ratory arres	it,	Approximate Interval Between Onset and Death
the attending physician and competely med in by the funeral Mental Hygiene prior to burial, cremation, or removal. njury, or other traumatic event, the medical examina	ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.										
has been signed by the att Dept. of Health and Menta a 23 shows any injury,	MEDICAL C	PART II. Other significent condition	ena contributing to death	but npt r	eaulting in ti	he underlyin	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	T			20. 0	LACE OF DEATH (Ch					
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vith the	Y PHYS	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	1	28b. TIME OF	28c. IN.	JURY AT DRK? YES 2 NO	_	EŞCRIBE HOW II	NJURY OCCU	REO	
CTOR: After dea	ED B	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28e. PLACE OF INJUR	RY — At ho	me, farm, stree	it, tectory, offic	ca .	2Sf. LO	CATION (Street & by or Town, State)	and Number or	Rural Rout	e Number,
70 =	OMPLET	CONSULT ONLY	SICIAN: To the best of my kno									nd menner as stated.
TO THE FUNER, be filed within 7 IMPORTANT:	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	elie	N			29c. LICENSE NU	MBER 37	17			onth, Day, Year)
6	Ī	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Uriel Velandia, M.D., 924 Seton Dr., Cumberland, MD 21502										
		31 JUN 1 10 1990" for	32. REGISTRAP'S SIG	NATURE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

96. CITY, TOWN OR LOCATION OF GEATH CUMBERLAND

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

MONTHS DAYS HOURS IMIN.

YRS.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 3/2/1933

JUNE

08" 1990 EAR

9c. COUNTY OF GEATH ALLEGANY

1

WILSON

1 M 2 F

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5. SEX

FOR STATE REGISTRAR

WALTER

4. SOCIAL SECURITY NUMBER

217-30-2176

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

1 -

TEAL .

77 3 3 4 7

5.0

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow feath. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND .	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)		OLITITA	JAIL OF	DEATH	2. DATE OF DEATH			3. TIME OF DEATH	
1	Charles E. Wy	vill.Tr.			MONTH 2				1,451	м
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	,		PLACE (State or Foreig	n
	218-12-7670	1 12 M 2 F	6 YRS.	BYNO BUTHON	HOURS MIN.	(Month, Day, Year		Country Mar	yland	
	9e. FACILITY NAME (If not institution, give str	reet and number)		b. CITY, TOWN	OR LOCATION OF DE	EATH /	9c. COUN			
DIRECTOR	4211 Largo Ro	ad		Upper	Marlbo	ro	P.	G.		
3EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY	
ā	Md.	P.G.	Uı	oper M	arlboro				1 TES 2 KNO	
AL	10e. STREET AND NUMBER			10	r. ZIP CODE		10g. CITIZ	EN OF V	VHAT COUNTRY?	
E	4211 Largo Ro	ad			20772		US	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA	2 NO ATES	If yee, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc.) y:		Black	- American Indian, k, White, etc. White	
	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S U			16b. KIND OF	BUSINESS/INDU			\dashv
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mi retired.)	oat of working					- 1
AP.	12	0	Bus I	river		P	.G. Co			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)			
BE (C. Earl Wyvill	.,Sr.			Jeann	ette To	wnsher	nd		
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural I	Route Number, City or	Town, Statu, Zip	Code)		
	Shirley Wyvil				a-10f.					
1	20a. METHOD OF DISPOSITION X.M. Kurlei 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	ovel from State	other place) d. Vet.		cemete Cemete		Chelte			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY Lee	Funera	I	Home, Inc	
	Jenanne C	Ostor	-	1		exander yland 2		R	oad	
	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do no					st,	Approximate	
	ahock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)		oma L	any	ix wi	th me	tas ta	ris	Interval Betw Onset and D	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.									
AL:	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. Drake to Me Life Average of Completion of Cause of Death? 1 yes 2 [] MO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDIC	Heart Dreame / Congestive been Dresse (Fairer) 1 yes 2 no									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)				\Box
YSI	1 YES 2 10	1 Inpetient 2 I ER/Out		OTHER: 4 Nursing Hor	ne 8 🗆 Rasidenca	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME	RY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OCC	URED		
ED	3 Suicide a Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, at city)	rest, factory, offi	De .	281. LOCATION (Str City or Town, S	reet and Number tate)	or Rural i	Route Number,	
COMPLET	one)	CIAN: To the best of my know R: On the besis of examination							s) and manner se state	ıd.
TO BE C	29b. STONATURE AND TITLE OF CEPTIFIE	mer M	Dear.		DOS	735	29d. DATE	SIGNED	(Month, Day, Year)	
	30. WAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF OF	(1.	print)	au lbou	7 0	Cel	20	772	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE BON PORTOR			(
		0							DHMH-18 R	lev 1/89

		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		NTAL HYGIENE REG. NO.	•	
	1	1. DECEDENT'S NAME (First, Middle, Last)	Walker			50	OATE OF CEATH 5	/26/90	3. TIME OF DEATH 231 M
		4. SOCIAL SECURITY NUMBER 216-03-8976		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE DF BIRTH (Month, Day, Year)	Co	IRTHPLACE (State or Foreign ountry) rth Carolina
	TOR	90. FACILITY NAME (If not institution, give at	1 1 1	spital	96. CITY, TOWN	STOM	1	Se. COUNTY O	arford
Pages	рійестон	10e. STATE 10b. COUNTY	ord County		y, town or locat	Bel Air			10d, INSIDE CITY LIMITS? 1 YES 2 NO
sit permit.	FUNERAL	100. STREET AND NUMBER 206 Highland Ro	ad		101	21014		10g. CITIZEN (OF WHAT COUNTRY?
-3146 Iding physician. s the burial-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FDRCES? 1 YES IF YES, GIVE WAR DR D.	2 ND		ENDENT OF HISPANIC ecity Cuben, Mexican, F 2 m ND Specity:		or No 14. R	RACE — American Indien, Black, White, etc. Specify: White
or atter	PLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of the Do NOT use Housew	USUAL OCCUPATION Work done during mose retired.)	ON at of working	Home		я¥
AND 2. the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Lest)		11040011		18. MOTHER'S NAME	(First, Middle, Maiden S		
1 3 2 K	BE C	Rufus	acainsy hoin	Billin		Phron			Caudell
; MAKY / be retained lage 5 should be notified	10	190. INFORMANT'S NAME (Type/Print) N 1 Mrs. Barbara L.				3. Darlin	gton, Mar	yland 2	21034
age 6 may be director, page er must be		20e. METHDD DF DISPDSITION 1	oval from State	other place) el Air M	SITION (Name of cer	Gandons		ATION — City of	or Town, State aryland 21014
= ~ = =		21. SIGNATURE OF FUNERAL SERVICE LIC		Foster	22. NAME AN	D ADDRESS OF FACIL	TY Foste	r Funer	ral Home
A e e e		generous	- toles		Bel.	est Broad	way & Wil. land 2101	liams 3	itreet
24 hours at filled in by tion, or remo		23. PART I. Enter the disease, or chock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that cause in a		not enter the mo	de of dylng, euch a	e cerdiac or reapir	etory arrest,	Approximate interval Between Onset and Death
4 B P P P	NO	Sequentially list conditions,							
a cian	RTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEDUENCE O	F):				
ath certificate trending physical Hygiene pri	CERTIFI	that initiated events resulting in death) LAST	OUE TO (DR AS /	A CONSEDUENCE D	F):				
that the death and by the atte	4	PART II. Other eignificant condition	s contributing to deeth b	out not resulting	in the underlying	g ceuse given in Pa	rt I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
L RECOR	N: MEDIC					<u> </u>	-		1 WES 2 NO
4 £ a a 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Check			
의 중부 기	HYS	1 TES 2 ND 27. MANNER OF DEATH	25a. DATE OF INJURY (Month, Day, War)	25b. Tile	AE OF 28c. INJ	Ne 5 ☐ Residence e C	Other (Specify) M. DESCRIBE HOW IN	JURY OCCURE	o a
	B	1 Natural 5 Panding Investigation 3 Suicide 5 Could not be	284. PLACE OF INJURY	Y At home, farm,	u 1□	YES 2 NO	M. LOCATION (filment as	nd Number or R	unif Route Number;
VISION TEN	ETED	4 Homicide determined	building, etc. (Spe				City or Revn, State)		
로 가는 동	COMPL	(Chick only Delical Examine	ICIAN: To the best of my know IR: On the basis of examination		-			-	ise(s) and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	7,			26c. LICENSE WUMBI		Mr. DATE SIG	Sylvenia of American
		30. NAME AND AODRESS OF PERSON WHEN AND A STREET OF THE CONTROLL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	32. REGISTRAR'S SIGN	JY CC	in ch	(le 1)	want &	iel 9	iMP
				Savidson-V	fandalle				DMMH 18 Day 1/80

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	TATE OF MAR		DEPARTME			MENTA	L HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE				DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	Ιn	ving Who	reler				May		1990		9:10 a	М
	4. SOCIAL SECURITY NUMBER 6. S		GE (In yrs. las		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.1		ACE (State or Fore	
	216 - 18 - 7221 15	M 2 F	95	YRS. MONT		HOURS MIN.	Juli	14,18	94 V	irga	inia	
DIRECTOR		Meridian Nursing & Rehabilitaion Center Silver Spring Montgomers										
E	10a. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	ION				10	d. INSIDE CITY	
LDIE	Maryland Montgom 100. STREET AND NUMBER	ery		Wheato		ZIP CODE			10a CITIZEN		YES 2 N	10
FUNERAL	11515 College View	Drive.			"	20902				S.A		
N N	11. MARITAL STATUS 12.	WAS DECEDENT EVE	ER IN U.S. AR	MED		ENDENT OF HISPAN				RACE -	American Indian	n,
BY F		FORCES? 1 Y		10		cify Cuban, Maxica 2 NO Specify		Rican, etc.)		Specific	nna, orc. Thite	
	15. DECEDENT'S EDUCATION)N	16a, DE	CEDENT'S USUA	L OCCUPATIO	N	166	. KIND OF BUS	INESS/INDUST		10000	
COMPLETED	(Specify only highest grade comp	oleted) ollege (1–4 or 5+)	(G	ive kind of work do . Do NOT use retin	one during mo ed.)	st of working						
릴	Grade 7		Wat	tchman			W	ashing	ton Ca	thed	ral	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden				
BE	Henry Wheeler					Maggie				unko	wn	
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural I						
7	Maggie Wheeler					View Dr						
	20a. METHOD OF, DISPOSITION 1	from State	other pl	other place)					20c. LOCATION — City or Town, State Catonsville, Maryland			nd
	21. SIONATURE OF FUNERAL SERVICE LICENS	Inalds	4		Donal	dson Fun alboit A	eral			land	20707	
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arterios clerotic Cardiovas cular Disease Due to (or as a consequence of): b											
CERTIFICATION	CAUSE (Disease or Injury that Initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d											
BY PHYSICIAN: MEDICAL	Chronic Obstruct	PART II. Other significant conditions contributing to death but not resulting in Chronic Obstructive Pulmonary Disea Post Cerebrovascular Accident								AA CI OI	ERE AUTOPSY FIN MILABLE PRIOR 1 DMPLETION OF C F DEATH?	TO AUSE
ž												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				ACE OF OEATH (Ch	eck only a	ne)				
VSI		Inpatient 2 ER/	Outpatient 3	DOA 4	HER: Wursing Hor	e 5 🗆 Realdenca	6 🗆 Oth	er (Specify)				
PH	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		28b. TIME OF INJURY		RK?	28d. DE	SCRIBE HOW	NJURY OCCUR	ED		
B₹	2 Accident Investigation	28e. PLACE OF INJ	HARRY As bu		M 1 🗆		000.00	0471014 (0	and Mumber on			
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)	orne, rarm, atreet,	ractory, orne			CATION (Street or Town, State)		HUREI HOU	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1									ause(a) a	nd menner as st	tated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		•			29c. LICENSE NU	MBER		29d. DATE S	GNED (N	fonth, Day, Year)	
	Bemard a Di	to ends	1 m	I.A		D04373			May	27,	1990	
2	30. NAME AND ADDRESS OF PERSON WHO OF Bernard A. Fitzger	OMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type, Print		East, S	ilvo	r Snri	na. Md	209	01	
	31. DATE FILEO (Month, Pay Your) 0 90	32. REGISTRATIS	SION ATORE	Iron-Rand	مالا	2000, 0			rug y ma	207	V 1	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF DEATH			
	VIRGIE REBECCA	YEAGER		JUNE 10 1990 065							
	4. SOCIAL SECURITY NUMBER	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)						
	342-20-5948	HOURS MIN.	DEC 6 189		PENNA.						
	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	ALLEGANY CO. NUR	SING HOME		CUMBE	RLAND		ALLE	GANY			
E .	10e. STATE 10b. COUNTY	1		, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
		EGANY	CUM	BERLAND			1 XYES				
FUNERAL	10e. STREET AND NUMBER			10	21502			N OF WHAT COUNTRY?			
NE I		ND STREET					1	.S.A.			
교	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexice	IIC ORIGIN? (Specify Yen, Puarto Ricen, etc.)	e or No- 14	. RACE — American Indien, Bleck, White, atc.			
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	1 L YES	2 NO Specify			Specify: WHITE			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON asl of working	18b. KIND OF BU	SINESS/INDUS	TRY			
	Elamentary/Secondery (0-12)	College (1-4 or 5+)	HOUSEKE	vork done during me e retired.)	or worming	HOH	יחייולויייי	770			
COMPLETED	4		HOUSEKE	CPCK			SEKEEPE	IK .			
	17. FATHER'S NAME (First, Middle, Last) JOHN A	. MOWERY				ME (First, Middle, Maiden COUGHNEOUF	,				
띪	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street		Route Number, City or Tow		ode)			
5	PHYLLIS SMITH					, W.VA. 26					
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	20t	PLACE OF OISPOS	SITION (Name of ce	metery, crematory or			y or Town, State			
	4 Donetion 5 Other (Specify)	H	YNDMAN CI				VDMAN,	PENNA.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY SILCOX-MERRITT FUNERAL HOME										
	· Pale L	· Herrit		21100	NECVILIB C	I FUNERAL TREET CIME	HOME REDIANT	MADVI AND			
	23. PART I. Enter the diseases, or o			ot anter the me	de of dying, suc	h as cardiac or resp	iratory arres	t, Approximata			
	Onset and Death										
	disease or condition resulting in death) e. Anterio sclerolic Heart Wiyery										
	disease or condition resulting in death) e. Atomic sclerotic Heart Rivery Due to (OR AS A CONSEQUENCE OF): Convolution of the total and the consequence of the con										
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR/AS A CONSEQUENCE OF):										
CAT	ceuse. Enter UNDERLYING	c.									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:							
EH	resulting in deeth) LAST	d						<u> </u>			
	PART II. Other significent condition	s contributing to death b	ut not resulting i	n the underlyin	g cause given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL				_		1 YES		COMPLETION OF CAUSE OF DEATH?			
ME							~	1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch						
ΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outs 28e. DATE OF INJURY	petient 3 DOA 28b. TIM		JURY AT	8 Other (Specify) 28d, DESCRIBE HOW	IN HIDY OCCU	nen			
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	YES 2 NO	284, DESCRIBE NOW	INJUNY OCCU	RED			
ВУ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJURY	/ — At homa, ferm, a			28f. LOCATION (Street	end Number or	Rural Route Number,			
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	cify)			City or Town, State)				
J.E	29a. CERTIFIER (Check only	ICIAN: To the best of my know	ledga, death occurr	ed at the time, dat	and place, and due	to the cause(e) and ma	nnar aa ststed				
OMI	one) —	R: On the beals of examination	n end/or investigatio	on, in my opinion,	death occured at the	time, date end place, a	nd due to the	ceuse(e) end manner ee stated.			
	29b. SKINDYURE AND TITLEFOF CERTIFIED	R			29c. LICENSE NU	WBER	29d. DATE, S	SIGNED (Month, Day, Year)			
TO BE	18/1/m	uy			D 148	65	F 6	-10-90			
F	30. NAME AND ADDRESS OF PERSON WH				D=120						
		MORIAL HOSPIT		AL BUIL	DING CUM	BERLAND MA	RYLAND)			
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 11 1990 Grand Davidson - Randala.											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal, iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ished by the hospital or attending physician.

The permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

notified at once.

ARYLAND 21203-3146

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or mineral of allements proportion.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page of contracts from the formal director, and the burial-transit perm	であるから	e notified at once.
and	or, pay		ist b
añe o	directo		E J
Thomas after death, raye o may or	neral		mine
200	the fu	2	il exa
110 011	in by	Гето	odica
100	filled in	10 'UL	E II
7 11110	stely f	matio	It, th
200	отрів	al, cre	even
Manage	and c	- Duri	atic
200	iclan	dor to	Таит
Mosts	phys	ne pr	her t
200	nding	Hygle	or ot
חבפנו	afte	ental	ITY, C
2 1112	by the	nd M	一
20 010	peuf	alth a	s any
I ENDING FITTS OF THE IM TOUGHTS DISC THE DESCRIPTION OF SECURE ATTEMPT AT	en siç	of He	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
MD	as be	Dept.	23 \$
T. 1116	cate h	State	The I
MOLEN	certific	the S	, Or
PHILE	this	With L	irked
DIM	After	death	S ma
NICK	STOR:	after	28
5	DIREC	DOURS	Tem
MI	RAL	121	1 1
3	FUNE	withir	TANT
2	王	filed	POR
2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial	×

							C	0 16662				
	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Margaret	Elizabeth	Zgorski			May 31,	1990	8:15 P M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign					
	212-20-4845	1 🗆 M 2 💢 F	85 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 26,	1904	Pennsylvania				
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		7.	Y OF DEATH				
ا <u>چ</u> ا	7521 Gather Rd.			Sykesy	rille		Car	roll				
18	RESIDENCE OF DECEDENT			- DJILOD	LARC		0011	CAL				
DIRECTOR	10a. STATE 10b. COUNT	•	10c. Ci1	Y, TOWN OR LOCA Pikesv				10d. INSIDE CITY				
		ltimore		Pikesv	irre			1 TYES 2 X NO				
FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE			EN OF WHAT COUNTRY?				
5	724 Milford	Mill Road			21208		U.	S.A.				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. APMED			NIC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian, Black, White, etc.				
ВУ	1 Never Married 2 Merried 3 N Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES	NO Speci	fy:		Specify: White				
	-		T									
1	15, DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of iffe, Do NOT u	WORL OCCUPATE work done during m	ost of working	16b. KIND OF BU	SINESS/INDU	STRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife		H	omemak	cing				
N	17. FATHER'S NAME (First, Middle, Lest)				10 MOTHEDIS N	AME (First, Middle, Meiden	Cumana)					
		ckrote				orence Cla						
R	19a. INFORMANT'S NAME (Type/Print)		105 MAII IN	ADDRESS /Donat				Parental Communication of the				
유	196. INFORMANT'S NAME (Type/Print) Leonard Zigorski 196. MAILING ADDRESS (Street and Number of Runal Route Number, City of Town, State, Zip, Code) Cliffedge Rd., Baltimore, Md. 21208											
	20s. METHOD OF DISPOSITION 1 N Burfal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Lake View Memorial Park Sykesville, Md.											
	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF F	ACILITY		21117				
	1115	00 0		Eck	hardt Fu	neral Chap	el					
	14 5. 20	allowed -						ings Mills, Md.				
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Our te My occardad In Saretin DUE TO (OR AS A CONSEQUENCE OF): A verior Salvalie Disease											
	diseese or condition resulting in death)	· Cur		scand		Unmel.						
		DUE TO (OR AS	A CONSEQUENCE O	P): 0 ·	A :			2 1.3				
N N	Sequentielly list conditions,	a HN	A CONSEQUENCE O	linke	Dista	re		1 yeurs				
CERTIFICATION	If sny, feeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE C	F):								
2	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE O	NED:								
Ē	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEGUENCE C	rj.								
岗		d										
	PART II. Other significent condition	ns contributing to death	but not resulting	In the underlyle	ng cause given in			24b. WERE AUTOPSY FINDINGS				
MEDICAL						PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE				
							No.	OF DEATH?				
						_						
A	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C	heck only one)		1				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ot	Itpatient 3 DOA	OTHER:	me 5 MResidence	8 Other (Specify)						
H	27. MANNER OF DEATH	28a, DATE OF INJUR	28b Til	AE OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCI	URED				
	Natural 5 Pending	(Month, Day, Year,	Δ "		YES 2 NO							
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY = At home, farm,	street, factory, offi				or Rural Route Number,				
臣	4 Homicide determined	building, etc. (S)	Nocity)	A		City or Town, State	-					
Ш	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my kno	wladna doeth accord	and at the time and	a and aloca and d	o to the enverted and		4				
COMPLETED	anal							d. cause(a) and manner as stated.				
8		/ /		opinion,								
BE	296. SIGNATURE AND TITLE OF CHITIFE	Las a			29c. LICENSE NO		29d, DATE	SIGNED (Month, Day, Year)				
0		nuc			10050	378		6/1/70.				

Martin Ellen, M.D. 5310 Old Court Rd., Randallstown, Md. 21133

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'90

31. DATE FILED (Month, Day, Year)

-1905, MS | 1 E. P & |

At a fibring spherical government

90	-	b	U	b	Ċ

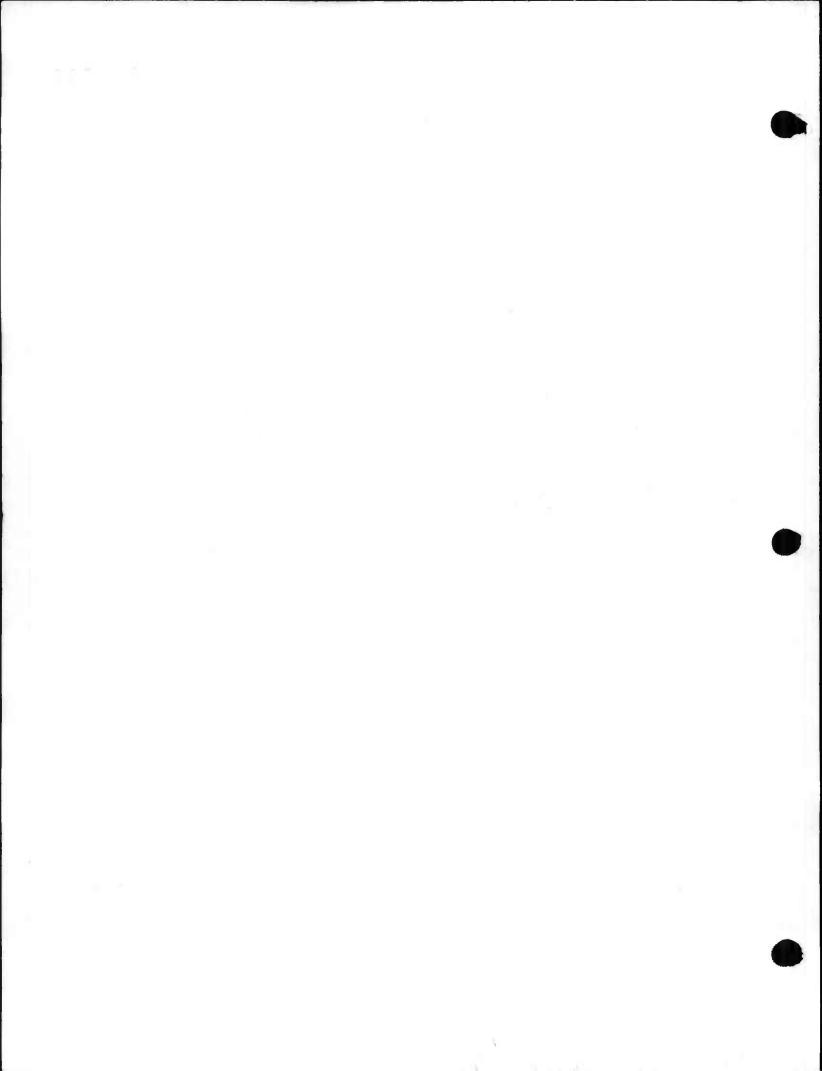
	1 - STATE REGISTRAR	SIAIE UF N		CERTIF					IEN IAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	_		-						OF DEATH			3. TIME OF DEATI	н
	VIRGINIA			ZIEGLE	R			- 1	MONTH	5/18/9		YEAR	12.37AM	м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.			R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		8. BIRTI	HPLACE (State or For	reign
	212-56-2360	1 □ M 2 🎝 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	Day, Year)	/.	Count	™ st_Virgin	io
	9s. FACILITY NAME (If not institution, give stre	et and number)			9b. CIT	Y, TOWN O	R LOCATIO			27 190		NTY OF E		ua_
7	PRINCE GEORGES HOS	SPITAL C	ENTER		CHEV	/ERLY	,				DDIN	ICE (GEORGES	
DIRECTOR	RESIDENCE OF DECEDENT	JI TIAL C	LIVILIN								LKII	YCE (3EURGES	
Ä	10s. STATE 10b. COUNTY	0		1		OR LOCAT							10d. INSIDE CITY LIMITS?	
		George		Temp	ole l	Hills							1 VES 2	NO
BY FUNERAL	10e. STREET AND NUMBER	_ 1					ZIP CODE						WHAT COUNTRY?	
<u> </u>	5001 Yorkville Ro	ad				4	20748				US	A.		
5		12. WAS DECEDEN FORCES? 1		ARMED					C ORIGIN	(Specify Yes	or No-		E - American India	n,
2	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W				1 YES		Specify		,		Spec	white	
	15. DECEDENT'S EDUCA	TION	100	ororomen	DOMAI O	NOCH IDATIO	41		1 404	VIND OF BUI	WIEGO (W)	DUGTON		
n n	(Specify only highest grade of	ompleted)		(Give kind of a life. Do NOT us	work done	during mo	st of workin	g	100.	KIND OF BUS	INESS/INI	DUSTRY		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5		memake					Ow	n Home	9			
2	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAS	AF /First M	liddle. Maiden	Sumame)			
	Samuel Tilden Kit	е						sie (, , , , , , , , , , , , , , , , , , , ,	Jo. 714			
מנו	19e, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	loute Numb	er, City or Town	, State, Zi	o Code)	-	
2	Betty R. Anderson		I							Hills			48	
	20a, METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (N	lame of cen	netery, crem	natory or	1.7	20c. LO	CATION	City or T	own, State	
	1 💢 Burial 2 🗆 Cremation 3 🗆 Removed 4 🗆 Donation 5 🗆 Other (Specify)	ral from State	VI.	or place)	11 /	0				Sui	tland	d MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE 00	// Ce	dar H	22.	. NAME AN	D APPRES	BS OF FAC	HLITTY	Funera	7 11		T	
	18-15-ED	1411	/								at He	ome,	inc.	
	Mysell Ele	16 Kg	in							20746				
	23. PART I. Enter the diseases, or co shock, or heert fellure. L	implications that list only one car	it caused the use on each i	death. Do i	not ente	r the mo	de of dyi	ng, suct	aa card	lac or reapi	ratory ar	reat,	Approxima interval Be	
	IMMEDIATE CAUSE (Final	0	1.	0 11		1				-1			Onset and	Death
	diseese or condition resulting in deeth)	. Cere	ena	K 10	y cu	la	a	(C	100	nT				
		DUE 10	(OR AS A CON	ISEQUENCE O	P):					4				
2	Sequentially list conditions,	DUE TO	(OR AS A COR	PECHENCE O	6.									
HILLAHON	if any, leeding to immediate cause. Enter UNDERLYING	DOE 10	(On AS A CON	4SECOLINCE O	* }:								İ	
2	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CON	ISEQUENCE O	ค:								<u> </u>	
	resulting in deeth) LAST												ļ	
3	d.													
CAL	PART II. Other significant conditions	contributing to	death but n	ot resulting	in the u	ndertying	cause g	given in	Part i.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FI	
-									_	1 YES 2	□ NO		COMPLETION OF CO	AUSE
M									_				1 - YES 2 - F	NO
-														
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. Pt	ACE OF D	EATH (Che	ck only on	9)				
2		HOSPITAL:	ER/Outpution	it 3 □ DOA	4 Nu	R: Ireing Hom	e 5 □ Re	eldence	6 🗆 Other	(Specify)				
-	27. MANNER OF DEATH	28a. DATE OF (Month, E	F INJURY	28b. TIN	IE OF JURY	28c. INJ	URY AT		28d. DEŞ	CRIBE HOW I	NJURY OC	CCURED		
מ	1 Natural 5 Pending 2 Accident Investigation	(monos, c	yey, rowy	127	M		rES 2	ON [
	3 Suicide a Could not be		OF INJURY — A	t home, farm,	street, fac	ctory, offic	•			ATION (Street a	ind Numbe	or Rural	Route Number,	
ū	4 Homicide determined		· (procesy)						Only t	o, Glate)				
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best o	f my knowledge	a, death occum	red at the	time, date	and place	, and dua	to the cau	se(a) and mar	nor aa sta	nted.		
COMPLEIED	(Check only one) 2 MEDICAL EXAMINER												(a) and manner as s	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUN					D (Month, Day, Year)	
a a	moslus	11.									▶ 2	5.1	9.96	
2	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	ISE OF DEATH	(ITEM 27) (Type	, Print)						1)2		10	
2	30. NAME AND ADDRESS OF PÉRSON WHO	COMPLETED CAU	ISE OF DEATH	(ITEM 27) (Type	a, Print)								10	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



BALTIMORE, MARYLAND

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR			UE	KIIFIC	AIL	JF DE	NI II		REG. NO.			
1. DECEDENT'S NAME (First, MARY MARGA)		RGER						2. DATE MONTH 06	- 03	199	90 ^{YEAR}	3. TIME OF DEATH 5:47 P.M. M
4. SOCIAL SECURITY NUMBER 216141437	ER	5. SEX 1 □ MÃO ☐ F	6. AGE (In yrs. lest		F UNDER 1 YE		ER 24 HRS.	7. DATE (Month)	OF BIRTH , Day, Year) 5-1913			PA
9a. FACILITY NAME (If not ins	RT HOS			9	Cui	mber]	and	EATH			NTY OF C	NY COUNTY
RESIDENCE OF DEC	10b. COUNTY			10c. CITY, 1	MW OR I	OCATION						10d. INSIDE CITY
MD 10e. STREET AND NUMBER	Alleg				berla	nd,						LIMITS? 1 YES XX NO
Route 4 Box	121 - B					215					JSA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 3 Wildowed 4 Divor			TEVER IN U.S. ARI	MED IO	13, WAS If ye 1	DECENDEN s, specify Co YES 12 ()	OF HISPA ban, Mexico O Specia	NIC ORIGIN nn, Punto F fy:	? (Specify Yes Rican, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. White
15. DECE (Specify only Elementary/Secondary (0- 12	DENT'S EDUC highest grade	CATION completed) College (1-4 or 5	(Gi	CEDENT'S US YOU KIND OF WORD DO NOT USE OF SEWIFE	k done durin	PATION og most af wo	rking		vn home			
Bernard McDe	ermott					Mär	garet	AME (First, A	iilten	sumame) berge	er	
19a. INFORMANT'S NAME (T), Mr. James C.		er							or, City or Town)2
26. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 4 □ Donetion 8 □ Other	n 3 🗆 Rem	oval from Stata	SS Per	of dispositi	ion (Name o	of cometery, c	rematory or		20c. Loc			own, Stata
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE N	MAL	11:	Scar Cumb	pelli erlar	Fund d, M	eral 215	Home 02			-
23. PART I Enter the dissock, or he IMMEDIATE CAUSE (Findisease or condition resulting in desth)	art fallure.	List only one ca	et caused the de use on aach line word of OR AS A CONSEC	le S	enter the		dylng, sud	ch as card	llac or respl	retory ar	rest,	Approximate interval Between Onset and Death 2 day;
Sequentially list condition in any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injurthat initiated events resulting in death) LAST	liate NG ry	c	OR AS A CONSEC									
PART II. Other algorification of the Parallel Rev	olie Lytic	Acidosi	5	esulting in	the unde	riying caus	e given in	Part I.	24e. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO		Januar	- u			6. PLACE O	OF ATIL O	hast sale a	1	-		
EXAMINER?	MEGICAL	HOSPITAL:			THER:							
27. MANNER OF DEATH 1 Natural 5 1	Pending	28a. OATE O	ER/Outpetient 3 FINJURY Day, Year)	28b. TIME (OF 28	c. INJURY AT WORK?		-	CRIBE HOW I	NJURY OC	CCURED	
3 Suicide 8	nvestigation Could not be determined	28e. PLACE building	OF INJURY — At he	me, farm, str				28f. LOC City	ATION (Street or Yown, State)	and Numbe	or or Aural	Route Number,
one)		52	f my knowledge, de examination and/or									(s) and manner as stated.
296. BIGNATURE AND TITLE	OF CERTIFIE	Sharlo	wo			29c.	D 3	328	0	29d. DA	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF DR. SUNIL (,		GREENE S			AND,	MD.	21502			1	110
31. DATE FILED (MONE). DAY	90 %	Janegista										

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
if examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
בעבוושטיר, שענו רעונן	

FOR 1 - STATE REGISTRAR	STATE OF MARY		T OF HEALTH AND I	MENTAL HYGI		
1. DECEDENT'S NAME (First, Midd	le, Last)			2. DATE OF DEATH	4	3. TIME OF DEATH
VIRG	INIA IORRAINE ZI	MMER-KARCH		JUNE 10		6:10 A M
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday) # UNO	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	8.	BIRTNPLACE (State or Foreign Country)
313-12-7249 9a. FACILITY NAME (If not institution	1 M 2 TF	68 YRS. MONTH	TY, TOWN OR LOCATION OF DE	AUG 10		INDIANA
	L MEDICAL CENTE		BETHESDA		MONTG	
10a. STATE 10b.	COUNTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
VIRGINIA 100. STREET AND NUMBER	ARLINGTON		101, ZIP CODE		10e CITIZEI	1 YES 2 NO
1101 COURT ADT	INGTON RIDGE RO	NAT.	341 361 181			
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED 1	22202 3. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specifi		ED STATES RACE — American Indian,
1 Never Married 2X Marri	FORCES? 1 YE	S 2 THO	tf yes, specify Cuban, Mexica 1 YES 2 XNO Specifi	in, Puerlo Rican, atc.		Black, White, atc. Specify:
3 Widowed 4 Divorced			A LES E ANO Space.	<i>y</i> .		WHITE
	T'S EDUCATION est grade completed) College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF	BUSINESS/INDUS	ТЯ
Elementary/Secondary (0-12)	4	EXECUTIV	7E	EDUCA	ATION	
17. FATHER'S NAME (First, Middle,		LIMBOUTT		ME (First, Middle, Me		
CLARK HOLSI	NGER		BESST	E MAE ROV	JE.	
19a. INFORMANT'S NAME (Type/Pr		19b. MAILING ADDRE	SS (Street and Number or Rural			ode)
FREDERICK J. K	ARCH	1101 501	TH ARLINGTON	RIDGE RO	DAD . ART.T	NGTON, VA 22202
204 METNOD OF DISPOSITION 1 Burial 2 Cremation 3	2	Ob. PLACE OF DISPOSITION	Name of cametary crametory or	200	LOCATION - CIN	
4 Donation 5 Other (Spec		ARLINGTON	NATIONAL C	EMETERY	ARLI	NGTON, VIRGI
21. SIGNATURE OF FUNERAL SEE	PICE LICENSEE		2. NAME AND ADDRESS OF FA IVES-PEARSO ARLINGTON,	CUITY		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METASTAT	FIC ADENOCAR(B A CONSEQUENCE OF):	CINOMA OF COL	ON		Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	с	S A CONSEQUENCE OF):				
PART II. Other significant or	onditions contributing to death	but not resulting in the	underlying cause given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				-		1 □ YES 2 X NO
25. WAS CASE REFERRED TO ME	DICAL		26. PLACE OF DEATH (C)	heck only one)		
EXAMINER? 1 YES 2X NO	HOSPITAL:	utpatient 3 DOA 4 DA				
27. MANNER OF DEATH	28a. DATE OF INJUR		28c. INJURY AT	T	DW INJURY OCCU	RED
1X Natural 5 Pend	(Month, Day, Year) INJURY	WORK?			
3 Suicide 8 Could	1 not be building, etc. (S	RY — At home, farm, street, f		281. LOCATION (SI City or Town, S	reet and Number or State)	Rural Route Number,
Corrock Dray	IG PNYSICIAN: To the best of my kn	owledge, death occurred at th	e time, date and place, and du	a to the cause(a) and	manner sa stated	
one) 2 MEDICAL	EXAMINER: On the basis of examina	tion and/or investigation, in m	y opinion, death occured at the	time, date and plac	e, and dua to the	cause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF C	CERTIFIE		29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
SIMO	rection MD		D-35835		> /	11 June 90.
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, Print)	NATIONAL N			
	AN, LT, MC, USA		BETHESDA,			
31. DAJUN 1004 1990	A2. REGISTRAR'S SI	TANGE				

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 flowrs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGIST
	1. DECEDENT
	4. SOCIAL SE
	90. FACILITY
-	10a. STATE
	10e. STREET
	11. MARITAL 1 Never N

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Betty L. Ball	11	2. DATE OF DEATH MONTH DAY	YEAR S	3. TIME OF DEATH 3:25 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 2 1 7 - 3 2 - 8 6 2 1	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/06/36	6. BIRT	THPLACE (State or Foreign
	9e, FACILITY NAME (If not institution, give street and number)	96, CITY, TOWN OR LOCATION OF DI		9c, COUNTY OF	
TOR	FOUR'S SOUTH KOU MOR CONTEN	Beithmore,		Bolton	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CIT	y, town or Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5200 Eastern Avenue	101, ZIP CODE 21215		10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI II yea, specify Cuban, Mexico 1 YES 2 NO Specifi	n, Puerto Ricen, etc.)		CE — American Indian, ick, White, etc.
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	(Specify only highest grade completed) College (1-4 or 5 +) College (1-4 or 5 +) (Give kind of life. Do NOT u	work done during most of working se retired.)			
0	17. FATHER'S NAME (First, Middle, Last)	18, MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
	非排他推推 Bud Slone	He	ster Slo	ne	
BE (19e. INFORMANT'S NAME (Type/Print) 19b. MAILING	G ADDRESS (Street end Number or Rural	Route Number, City or Town	, State, Zip Code)	
2	Austin Balll 250	l Violet Ave. Ba	lto. Md. 21	L215 Ap	t. 609 N.
	#F Buriel 2 Cremetion 3 Removal from State (ther place)	SITION (Name of cemetery, crematory or n Forest Veteran		ngs Mil	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA			
	· Cicil a estep	Estep Broth 1300 Eutaw 1			
	23. PART 1. Enter the diseases, or complications that caused the death. Do shock, or heart fallure. List only one cause on each line.	not enter the mode of dying, aud	h aa cardiac or reapi	retory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. AVAIL BIZZA IN OUE TO (OR AS A CONSEQUENCE,	jung (coma)			Onset and Death
	OUE TO (OR AS A CONSEQUENCE,	2F):			
CERTIFICATION	Sequentielly list conditions, b. OUE TO (OR AS A CONSEQUENCE OF	DP: A			1
ATI	If any, leading to immediate couse. Enter UNDERLYING	O feelling			[
FIC	CAUSE (Disease or injury that initiated events oue TO (OR AS A CONSEQUENCE C	OF):			
F	resulting in death) LAST				
	DATE II Oh a la la la la la la la la la la la la l		Dani I an una nu	AUTTOROX C	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to deeth but not resulting		Part i. 24s. WAS AN PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
2	Huppensien, monocenax	Year Cale	1 _ YES 2	₩O	OF DEATH?
Z		0 4			1 YES 2 NO
Z					
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATH (C	heck only one)		
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	4 - Nursing Home 5 - Residence			
		IJURY WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	2 Accident Investigation	1 123 2 NO	281. LOCATION (Street)	and Mambas as Dis	of Donto Mumber
		, attest, rectory, office	City or Town, State)	ING NUMBER OF NUM	er noute number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investiget	•			e(e) end menner as stated.
8	a C measure recomments on the peak of exemination along livestight				
BE (290. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NU	IMBER		IEO (Month, Day, Year)
10	1 an Caran Poli Piea . Restoren		010	16/15	190
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ.	pe, Print)			
	or punith rappy toky	<u></u>	-		
	31. DAISUN 1991 990 44 CAMPAN 1991				

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, L Constan		Bro	wn						2. DATE (0F DEATH	NY .	YEAR	3. TIME OF DEATH 9:42 am M
	4. SOCIAL SECURITY NUMBER	5. SEX	I a	AGE (In was	. last birthday	IE 1840	DER 1 YEAR	R IF UNDER	24 HBS	7. DATE C		1	A BIRTHI	PLACE (State or Foreign
	217-40-7624	1 🗆 M 2		46	YRS.	MONTH		_	MIN.	(Month,	/1/43		Country	Ad.
	9a. FACILITY NAME (If not institution, g			a1		9b. Cl		n or Locati		ATH		9c. COUP	NTY OF DE	EATH
	RESIDENCE OF DECEDEN		1 - 1											-0
	Md . 106. CO	INTY				alti								10d. INSIDE CITY LIMITS? 1 H YES 2 NO
	100. STREET AND NUMBER 1386 Pent	wood Re	oad					10f. ZIP COD	1239			10g. CITI	ZEN OF W	HAT COUNTRY?
	11. MARITAL STATUS	12, WAS D	ECEDENT E	VER IN U.S.	. ARMED	1:	3. WAS E	DECENDENT (OF HISPAN	IIC ORIGIN	? (Specify Yes	or No—	14. RACE	- American Indian, White, etc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES	ES? 1 🗌 S,GIVE WAR	OR DATES	IF O			specify Cube rES 2 NO			ican, atc.)		Specif	
	15. DECEDENT'S (Specify only highest)	rade completed)		16a	Give kind o	I work don	ne durina	ATION most of worki	ng	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	Morgan	14 or 5+) Stat	:e				Servi	ces		Bal	to.	City	
	17. FATHER'S NAME (First, Middle, Last James			76						ME (First, A oria	fiddle, Meiden			
	19a. INFORMANT'S NAME (Type/Print)	reo rai e			19b. MAILIN	IG ADDRE	ESS (Stre				Sim		Code)	
		wn			138	36 P	entw	vood R	d. B	alti	more,		2123	
	20s METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Donation 5 Other (Specify)	lamoval from S	State	oth	er place)			cometery, createry				cation -		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	L	for	7	2		tep B			unera Balto	1 Hon	ne P.	Α.
1	23. PART I. Enter the diseases.	Dr. complicati	coc	4	dooth Dr	not ent								Approximate
	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only o	DUE TO (O	R AS A COI	NSEQUENCE		1 /	7 ~						interval Batween Onset and Death
	Sequentially list conditions, if any, leading to immediate	b			NSEQUENCE		(1	ai(m	e					
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DUE TO (O	R AS A COI	NSEQUENCE	OF):								
I	PART ii. Other significant cond	tions contribu	uting to de	eath but n	not reaultin	g in the	underl	ying cause	givan in	Part I.	24a. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
										_	PERFOI			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDIC EXAMINER?							8. PLACE OF	DEATH (C	neck only or	10)			
I	1 YES 2 NO	HOSPI*		R/Outpatla	nt 3 🗆 DOA	OTH 4□		Home 5 🗆 F	lesidence	6 🗆 Othe	r (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investiga		OATE OF IN (Month, Day,		285. 1	IME OF INJURY M		WORK?	□ NO	28d. DES	CRIBE HOW	INJURY OC	CUREO	
	3 Suicide 6 Could no determin	be	PLACE OF building, et		At home, farm	n, street, I	factory, o	office			ATION (Street or Town, State		r or Rural I	Route Number,
	(Check Only	HYSICIAN: To th												a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CER	O A e		か.し	40			29c. LIG	ENSE NU	MBER		29d, DA1	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSO David A. Specto	WHO COMPLE	TED CAUSE	of DEATH	(ITEM 27) (7) S SCOT	rpe, Print)	ey M	ledica	1 Ce	nter	, 4940	East	tern	Avenue, 21
	31. DATE FILED (Month, Day, Year)	32. F	REGISTRAR	'S SIGNATU	RE									_
	JUN 1 9 10	00 /10	K.	4 4	0 1 00	3.7								

Pages 1, 2, 3 should

use as the burial-transit permit.

funeral director, page 5 should be detached for

completely filled in by the rial, cremation, or removal.

- 1	K.
9	within
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13146	execut
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S	the
2	that
RECORDS, P.O. BOX	requires
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M	The
I OF VITAL	PHYSICIAN: TI
NOISINIO	ATTENDING
\leq	OR
	HOSPITAL

OR

After t death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Bagas 4. SOCIAL SECONO NUMBER 11:12 Am Joshua 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Month, Day, X .75 1 MM 2 | F Mary CLVI 9a. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH TOWN OR LOCATION OF DEATH Baltimor Hunore Cit of Mar DIRECTOR Univ RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY HOW stum 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 11644 21044 Dark USA wan 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married White В 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give land of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16h KIND OF BUSINESS/INDUSTRY (Sp Elamentary/Secondary (0-12) College (1-4 or 5+) once. 16. MOTHER'S NAME (First, Middle, Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) H Bacas David inda E notified at Town Shell Zip Code) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number. City 2 Jeffre Columbia must be 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of or 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) the medical examiner 21. BIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ellas SLACK F.H. POBOXZLESE. C. MOZIOB MODS 35 23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallura. List only one cause on each line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Final disease or condition Mechanical Disociated 44 resulting in death) traumatic event, val this certificate has been signed by the attending physician and comwith the State Dept, of Health and Mental Hygiene prior to burial, with the State Dept, of Health and Mental Hygiene prior to burial, riked, or Item 23 shows any Injury, or other traumatic or DUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions. NCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO omphalocele COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide E FUNERAL DIRECTOR: A within 72 hours after de RTANT: If Item 28 is 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or in TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 13 death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. JLICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/13/90 Edward 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (from Print) ducer d Roberts

31. DATE FILED (Month dox 19

BALTIMORE, MARYLAND 21203-3146	w requires that the death certificate be executed with urs after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nt Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.
3,	with	rematic	ent. th
RECORDS, P.O. BOX 13146,	ecuted w	od comp	tic eve
X 1	be exe	vician ar	trauma
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00	uires	signe	WE 3
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1 - FOR STATE REGISTRAR RONALD 1. DECEDENT'S NAME (First, Middle,		OND BEY	(ERS	CERTIFI	CATI	E OF	DEATH	2. DATE C	OF DEATH		3.	TIME OF DEATH
RONALD R. B								MONTH	T	3 9	of 9	:30 P M
4. SOCIAL SECURITY NUMBER 361-28-0271	6. SE	EX M 2 F	8. AGE (In yn	s. lest birthday)	IF UNDER	DAYS	HOURS MIN.	7. DATE O	Pay. (Sear)	J	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, 10705 Green	Mount		rcle			umbi	a MD	EATH			ward	н
RESIDENCE OF DECEDEN 10a. STATE 10b. C MARYLAND	OUNTY	ARD				OR LOCATI						d. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 10705 GREEN MO			LE		0000	101.	ZIP CODE 21044					T COUNTRY?
11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced	12. V	MAS DECEDENT FORCES? 1 [F YES, GIVE WA	EVER IN U.S	NO		If yes, spe	ENDENT OF HISPAI city Cuban, Maxica 2 XNO Specif	n, Puerto Ri	(Specify Yea ican, atc.)		4. RACE -	American Indian, /hite, etc.
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)	t grade comple			Give kind of w	rork done	durina mos	N t of working	16b.	KIND OF BUS	NESS/INDU	STRY	***************************************
Entitle in y Section along (0-12)	Com	4		1ECHANI	CAL	ENGI	NEER		U.S.NA	VY		
17. FATHER'S NAME (First, Middle, La RAYMOND BEYERS							18. MOTHER'S NA ANNA FO			lumame)		
19a. INFORMANT'S NAME (Type/Print	r)						Number or Rural					21044
HELEN BEYERS 20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3	Demonal to		20b. PL	ACE OF DISPOS			OUNTAIN	CIRC			ty or Town	
4 Donation 5 Other (Specify		rom Stata	oth	JOHN'								, MD.
23. PART I. Enter the disease abock, or heart fa illustrate (Specify 2). IMMEDIATE CAUSE (Final disease or condition	Ca;	licationa that	ST.	JOHN JOHN I	S CI	EMETE NAME AND EROY 555 T	CRY D ADDRESS OF FA M. & RU WIN KNO	LLS R	C. WI	COTT TZKE LUMB	CITY FUNE	, MD. RAL HOMES ARYLAND 210 Approximate Interval Between Onset and Death
21. SIGNATURE OF FUNCHAL SERVI 23. PART I, Enter the diseases shock, or heart fa	Ca;	Metast DUE TO (ST.	JOHN JOHN I	S CI LI 5: 5: oma,	EMETE NAME AND EROY 555 T	CRY D ADDRESS OF FA M. & RU:	LLS R	C. WI	COTT TZKE LUMB	CITY FUNE	, MD. RAL HOMES ARYLAND 210 Approximate Interval Between
21. SIGNATURE OF FUNERAL SERVI 23. PART I. Enter the disease ahock, or heart fa immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d	Metast DUE TO (ST. Caused the a on each atic OR AS A CO	or place) JOHN' JOHN' Carcine NSEQUENCE OF	S CI LI 5: oma,	EMETE EROY 555 T r tha moo	ADDRESS OF FAM. & RU. WIN KNO. da of dying, auc.	LLS R	C. WI	COTT TZKE DLUMB atory arre	FUNE IA, M	, MD. RAL HOMES ARYLAND 210 Approximate Interval Between Onset and Death
21. SIGNATURE OF FUNERAL SERVI 23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	addd	Metast DUE TO (ST. Caused the a on each atic OR AS A CO	or place) JOHN' JOHN' Carcine NSEQUENCE OF	S CI LI 55 Oma,	EMETE NAME AND EROY 555 T r the moo	ADDRESS OF FAM. & RU. WIN KNO. da of dying, auc.	Part I.	ELLI C. WI OAD, CO lac or respir	COTT TZKE DLUMB atory arre	FUNE IA, M	RAL HOMES ARYLAND 210 Approximate interval Between Onset and Death 1 year ERE AUTOPSY FINDINGS ANLABLE PRIOR TO MOPLETION OF CAUSE F DEATH?
21. SIGNATURE OF FUNERAL SERVI 23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, in the cause of	b d CAL HO: 1 CE LICENSEI C d CAL HO: 1 □	Metast DUE TO (ST. Caused this on each catic OR AS A CO OR AS A CO OR AS A CO	of place) JOHN' JOHN' Carcin NEOUENCE OF NEEOUENCE OF	S CI 22. LI 55 sot enter Oma,	EMETE NAME ANI EROY 555 T r the moo	DADDRESS OF FAM. & RU. WIN KNO. da of dying, aud bably lu cause given in ACE OF OEATH (C) Residence	Part I.	C. WJ OAD, CO lac or respli	COTT TZKE LUMB atory arre	FUNE IA, M	RAL HOMES ARYLAND 210 Approximate Interval Between Onset and Death 1 year ERE AUTOPSY FINDINGS ANLABLE PRIOR TO MOPLETION OF CAUSE F DEATH?
21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a	DUE TO (ST. Caused the a on each Catic OR AS A CO OR AS A CO OR AS A CO ER/Outpatle INJURY (* Year)	of place) JOHN' JOHN' Carcin NEOUENCE OF NEEOUENCE OF	OTHE 4 Nu	EMETE NAME ANI EROY 555 T r the moo	D ADDRESS OF FAM. & RU. WIN KNO. da of dying, aud bably lu cause given in ACE OF OEATH (C/	Part I. Pack only one 6 Other 286, DES	C. WJ OAD, CO lac or respli	COTT TZKE DLUMB: story arre	FUNE IA, M	RAL HOMES ARYLAND 210 Approximate Interval Between Onset and Death 1 year ERE AUTOPSY FINDINGS MILLABLE PRIOR TO MILLABLE PRIOR TO DEATH? YES 2 NO

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 6/14/90 D04345 WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Knoll North Drive, Columbia MD 21045 M.D. Taylor,

31. DATE FILED (Month, Day, Year)
JUN 1 9 1990

Charles E.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	ì	1. DECEDENT'S NAME (First, Middle, Last) Sylvia Loui	ise	Bar	ger			June 17	y 1 c	ු ඊ ් ල	3. TIME OF DEATH
	,	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In			UNDER 1 Y	7	IF UNDER 24 HRS.	7 DATE OF BIRTH	-		1PLACE (State or Foreign
			33		NTHS E	MYS	HOURS MIN.	12/08/0	6	Count) hio
		9a. FACILITY NAME (If not institution, give street and number)		.91	CITY, TO	O NWC	R LOCATION OF DEA			NTY OF C	
	DIRECTOR	Meridian Nursing Home Catonsville Baltimore									nore
	ñ	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR	LOCAT	ЮМ				10d. INSIDE CITY LIMITS?
		Maryland Baltimore		Ca	ton	sv	ille	_			1 YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CIT		WHAT COUNTRY?
İ	빌	12 S. Belle Grove Road					212		Ц,	USA	
		11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 YES		MED	If y	98, spe	cify Cuben, Mexican	C ORIGIN? (Specify Yea, Puerto Rican, etc.)	or No—	Blac	E — American Indien, k, White, atc.
	ВУ	3 N Wildowed 4 Olivorced IF YES, GIVE WAR OR DAT	ES.		''	YES	2 NO Specify:			Spec	White
	딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gh	CEDENT'S US	done dun			16b. KIND OF BU	SINESS/INI	DUSTRY	
	LET	Elementary/Secondery (0-12) College (1-4 or 5+)	IIIe.	Do NOT use re	,			Domo	20 ± 20	o 10 +	Ctores
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		В	ıyer		40 MOTUEPIS MAA	Depa		ent	Store
75		Maurice Rotner		Ella							
Hed) BE	19e. INFORMANT'S NAME (Type/Print)	19b	. MAILING AD	ORESS (S	Street a		oute Number, City or Tow		p Code)	
e not	2	Howard Rotner	17 17 17					iddings,	Te	xas	78942
ust b	1	1 X Buriel 2 ☐ Cremellon 3 ☐ Removal from State	other ble	ACE OF DISPOSITION (Name of cemetery, cremetory or place)							
Ter III		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE/SICENSED	110	oudon Park Cemetery Baltimore					·		
ramir		Sel & C.						eral Hom			
Sal Co		George E. MacNabb 301 Frederick Rd. Balto., 23. PART I. Enter the diesess, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,									
medi	shock, or heert failure. Liet only one cause on each line.									rest,	Approximate Interval Between Onset and Death
the	ł	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)									
vent,	i	OUE TO (OR AS A CONSEQUENCE OF):									
or other traumatic event, the medical examiner must be notified	NO	Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
traum	CERTIFICATION	cause. Enter UNDERLYING									
ther	Ĕ	CAUSE (Disease or Injury that Initieted events OUE TO (OR AS A C	CONSEC	NUENCE OF):							
0 0	ERI	resulting in death) LAST									
hows any injury,		PART II. Other significent conditions contributing to death bu	t not n	not resulting in the underlying cause given in Pa				Part I. 24a. WAS AN AUTOPSY PERFORMED?			b. WERE AUTOPSY FINDINGS
any	MEDICAL							PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OWS.	MED										1 YES 2 NO
. 69											
or item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			THER:	26. PL	ACE OF OEATH (Che	ck only one)			
	IXSI	1 ☐ YES 2 💢 NO	tient 3	□ DOA 4.	X Nursin		e 5 🗆 Residence				
is marked,	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28b. TIME C	Y	WO	URY AT PIK? /ES 2 NO	28d. DE\$CRIBE HOW	INJURY OC	CUREO	
28 al	<u> </u>	3 Suicide s Could not be 4 Homicide determined	At hou	me, farm, stra	et, factor	y, offic		28f. LOCATION (Street City or Town, State	end Numbe)	or or Runal	Route Number,
Item	PLE	29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowle	dge, de	ath occurred	at the tim	e, date	and place, end due	to the cause(s) end me	nner es at	nted.	
TANT: 11	COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or i	investigation,	in my opi	nion, d	eath occured at the	ilme, date and place, a	nd due 10 t	the cause(s) and menner as stated.
MPORTANT: If	BE	256. SIGNA) URE AND TITLE OF CERTIFIER					29¢ LICENSE NUM	1	29d. DA		D (Month, Day, Year)
M M	0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITE	M 27) (Type. Pr	rint)		1)233	61		06/	/18/90
		Patrick W. White. M.D.	2			ri	ck Road	Baltin	nore	, MI	21228
		JUN 1 9 1990 gran land de la land	Me								
- 1											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with 1 MPORTANT; If Item 28 is marked.
--

	1 - FOR STATE OF MA	RYLAND / DEPART CERTIFI	MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) Mary Esther Crowe				2. DATE OF DEATH MONTH June 1	, 1990	3. TIME OF DEATN			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 212 46 2506 1 1 M 2 13/F	7. DATE OF BIRTH (Month, Day, Year)	BIRTNPLACE (State or Foreign Country) ENNA a							
OR	9a. FACILITY NAME (If not institution, give street and number) 41.09 Westmeath Rd.		Balti	R LOCATION OF DE	ATH	ec. COUNTY	of DEATH ltimore Co.			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 41.09 Westmeath Rd.		101.	ZIP CODE 2123	6	10g. CITIZEN OF WHAT COUNT				
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 FYES, GIVE WAR	YES 2 100	If yes, spe		IIC DRIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ille. Do NOT use	ork done during mo:	t of working	16b. KIND OF BU	ospita				
COM	17. FATNER'S NAME (First, Middle, Last) Michael Riley			16. MOTHER'S NAME NO.	ME (First, Middle, Maide uri Wagne					
TO BE	19a, INFORMANT'S NAME (Type/Print) Pauline Staeheli	196. MAILING 4109	Westme	nd Number or Rural F ath Rd.	Balto. Mc	vn, State, Zip Coo	to) 6			
	20a. METHOD OF DISPOSITION NCK Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Baltimore Co., Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	noke	Bruze		Funeral Ho		. Md. 21221			
NOI	23. PART I. Enter the diseases, or complications that content on the content of t	. /	Surg	, Approximate Interval Between Onset and Death						
CERTIFICATION	Due to (or as a consequence of): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):									
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to de	eath but not resulting i	n the underlying) ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impetient 2 E	ER/Outpetient 3 DOA	OTHER:	ACE OF DEATN (Ch	s Other (Specify)					
	27. MANNER OF DEATH 28a. DATE OF IN (Month, Day,	JURY 28b. TIM	E OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
тер ву	1 Natural S Pending Investigation 2 Accident 3 Suicide 6 Could not be determined Suicide 6 Could not be determined Suicide 6 Could not be determined Suicide Since Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28. LOCATION (Street and Number or Rural RocCity or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m						ause(a) and manner as stated.			
BE	29b. SIGNATURE ON THE STATE OF	29d. DAYE SIGNED (Month)			IGNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETTO CAUSE	2.60	Print)							
	31. DATE FILED (Month San Year) July 132, AEGISTRAT	S SIGNATURE								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with virs after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the fire has find within 72 hours after death with the State Dent of Health and Mental Notiene prior to burial, cremation, or removal	to modernment to the second or them 22 shows and injury or other training event the medical eventines must be maided at once

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	1 - FOR STATE OF MARYLAN REGISTRAR		MENT OF H			YGIENE EG. NO.	20	1007		
	1. DECEDENT'S NAME (First, Middle, Last) ANDREW	CAN	NOI	V	2. DATE OF D	NA 9	YEAR 3.	10 16 M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y) 80	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	Print (1909) 2] 909	6. BIRTHPLA Country) MARYI	CE (State or Foreign		
OR	Pa. FACILITY NAME (If not Institution, give street and number) Homewood Hospital Center-So	uth	D 11:	MOVE	CITY	9c. COU	NTY OF DEAT	Н		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND	10c. CITY	TOWN OR LOCATE					1. INSIDE CITY LIMITS? YES 2 NO		
	10e. STREET AND NUMBER		101	. ZIP CODE		10g. CITI	IZEN OF WHAT			
EB/	1208 LAKESIDE DRIVE			2]2]8	3		USA	A		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried \$\$\times \text{Widowed 4 Divorced}\$\$ 12. WAS DECEDENT EVER IN U. FORCES? 1\times YES 2 IF YES, GIVE WAR OR DATE:	S. ARMED 2 NO S WWII	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 X NO Specify	m, Puerto Rican			American Indian, hite, etc.		
OE)	15. DECEDENT'S EQUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION done during mo		16b. KINI	OF BUSINESS/INC	JUSTRY			
COMPLET	Elementary/Secondary (0-12) 9 YRS College (1-4 or 5+)	ASSEMB	LY WORK	ER	GENE	RAL MOTO	RS COI	RPORATION		
	17. FATHER'S NAME (First, Middle, Last) UNKNOWN			18. MOTHER'S NA		(Maiden Surname)				
) BE	19e. INFORMANT'S NAME (Type/Print)	Route Number, City or Town, State, Zip Code)								
2	THE RONALD MITCHELL 1200 LARESTDE DRIVE, BALTHORE, MARTHAND 2.									
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), crem@ARRISON MARYLAND VETERANS CEM.FOREST OWINGS MILLS,									
	21. SIGNATURAL SERVICE LIGHISEZ			OWYNNS FA			_	OMES, INC		
	23. PART I. Enter the diseases, or complications that caused the	he deeth. Do n					rest,	Approximate		
	shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition	h line.						Interval Between Onset and Death		
	reaulting in deeth) s									
NO	Sequentially list conditions, DIETO (OR AS A CONSEQUENCE OF):									
ICAT	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.									
ERTIFICATION	that initiated events resulting in deeth) LAST	C C):							
O	PART II. Other significent conditions contributing to death but	not resulting i	n the underlyin	g ceuse given in	Part I. 24a.	WAS AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS		
OICA	MALNUPITI	ON			10	PERFORMED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
PHYSICIAN: MEDICAL						1		YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Ch	neck only one)					
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetie			ne 5 🗆 Rasidence	6 Other (Spi	ecify)				
ву Рн	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIMI		26d, DESCRIE	28d, DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	treet, factory, offic	ctory, office 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only one) Check only 1									
CON	2 MEDICAL EXAMINER: On the basis of examination as	nd/or investigatio	n, in my opinion, o							
8	296. SIGNATURE AND TITLE OF CERTIFIER	ota	un	29c LICENSE NUI	MBER GAT	29d. DAT	E SIGNEDAM	DAY HAND		

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
WONETH, WIS) AMBACHEN

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Davidson-

DHMH-15 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNEFAL DIRECTION: After this certificate has been signed by the attending play-bicking and completely filled in by the funeral director, page 5 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use as the but the page 10 should be detached for use 10 should be 10 should be detached for use 10 should be detached for use 10 s	be ned within 72 hours after deam with the state bept, or heatin and wellid hydric profits believed, but removed. IMPORTANT: It tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF M	ARYLAND / DEPA	RTMENT OF FICATE OF		MENTAL HYGIENE REG. NO.					
	DECEDENT'S NAME (First, Middle, Last)	OLITTI	TOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
	Joseph E. Collin				MONTH DAY	- 0	3,20 Pm			
		8. AGE (In yrs. lest birthday,		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6 DIO	THPLACE (State or Foreign ntry)			
	213-07-4722 XX M 2 □ F	73 YAS.	MONTHS DAYS	HOURS MIN.	AUG. 6, 19	16 M	ARYLAND			
	9a. FACILITY NAME (If not institution, give etreet end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH			
DIRECTOR	Union Memorial Hospital		BAlti	more City	y	-				
<u> </u>	10e. STATE 10b. COUNTY	10c. CI	ITY, TOWN OR LOC	ATION			10d. INSIDE CITY			
뜸	MARYLAND		BALTI	MORE			LIMITS? XX YES 2 NO			
	10e. STREET AND NUMBER		1	01. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
ER	3521 PELHAM AVE.			21213		U. S	. A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried XXMerried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	EVER IN U.S. ARMED YES 2 NO	If yes, a		NIC ORIGIN? (Specify Yee en, Puerto Rican, atc.) y:	Ble	CE — American Indian, ack, White, atc.			
	15. DECEDENT'S EDUCATION	14- 05050517			Link whith the pure					
COMPLETED	(Specify only highest grade completed)	(Give kind o	'S USUAL OCCUPAT if work done during in use retired.)		16b. KIND OF BUS		0.00			
2	Elementery/Secondery (0-12) College (1-4 or 5 +) NA NA			NGINEER	1.	в. м.				
NO	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden \$	Sumame)				
BE C	JOSEPH COLLIN			LOUISI	E BYRNES					
	19s. INFORMANT'S NAME (Type/Print)	19b. MAILIN	IG ADDRESS (Street	end Number or Rural	Route Number, City or Town	, State, Zip Code)				
2	HELEN COLLIN (WIFE)				BALTIMOR	E, MD.	21213			
	20e, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Qther (Specify)	20b. PLACE OF DISP other piecel GAR	DENS O	remetery, cremetory or FAITH	20c. LOC BA	CATION — City or LTIMOR				
	21. SIGNATURE OF FUNERAL BERVICE GENSEE		32 NAME SCHII 3331	MUNEK FO	NERAL HOLLANE, BA	MES, I LTO. M	NC. D. 21213			
	23. PART I. Enter the diseases, or complications that	csused the desth. Do								
	shock, or heart fellure. List only one cause	se on each line.				,,	Interval Batween Onset and Death			
	resulting in death) s	OR AS A ODYSEQUENCE	OF):							
z	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inligited exercise) Due to (or as A consequence or): Due to (or as A consequence or): End shale UPD Due to (or as A consequence or): Due to (or as A consequence or):									
CERTIFICATION										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	hage c	DPD							
造	that initisted events resulting in death) LAST	OR AS A-CONSEQUENCE	OF):							
览	d						1			
CAL	PART II. Other significant conditions contributing to		g in the underly	ing ceuse given in	Part I. 24s. WAS AN. PERFOR		14b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
	Ho bladder c	A			1 _ YES 2		COMPLETION OF CAUSE OF DEATH?			
MEDI							1 WES 2 WHO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)					
YSI	1 YES 2 NO 1 Vinpatient 2	ER/Outpetient 3 DOA	4 - Nursing H		6 Other (Specify)					
표	27. MANNER OF DEATH 26a. DATE OF (Month, Death)	INJURY 28b. T	NJURY	NJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED				
B	2 Accident Investigation	F IN 11 11 11 11 11 11 11 11 11 11 11 11 11		YES 2 NO	26f. LOCATION (Street e	and the archive are Discourse	-10-1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
E	3 Suicide 6 Could not be 4 Homicide determined	F INJURY — At home, farm etc. (Specify)	i, atreet, factory, or	nice	City or Town, State)		ar Houte Number,			
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end dua to the cause(e) and manner as stated.									
8		CERTIFICATION STREET THE STREET	ition, in my opinion							
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER COULD LOUGE	ah 1	MID	29c, LICENSE NU	MBER	≥ 6	IED (Month, Day, Year)			
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE ILEANA GHEOR E	BE OF DEATH (ITEM 27) (T)	pe, Print)	NOIN	MEM.	HO	SPITAL			
		R'S SIGNATURE	<u>.</u>							
	9						DHMH-16 Rev 1/89			

DHMH-18 Rev 1/89

TO THE HIGSPITAL OR ATTENDING PHYSICIANI: The law requires that the death certificate be executed with the FUNCACH. Page 6 may be retained by the hospital or attending physician. TO THE HIGSPITAL OR ATTENDING PHYSICIANI: The law requires that the death certificate be executed with the FUNCACH. DIRECTION and the third is a physician and completely filled in by the funcaci director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after the service of Health and Mental Hygher prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYL REGISTRAR		NT OF HEALTH AND I	MENTAL HYGIENE BEG. NO.						
	1. DECEDENT'S NAME (First, Middle, Legt) WILL	ETTA E. CO	OMHAIRE	2. DATE OF DEATH DAY	YEAR 20 A M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	216-30-8493 1 M 2XXF	97 YRS. MONTH	S DAYS HOURS MIN.	4/10/1893	Maryland COUNTY OF DEATH					
DIRECTOR	Maryland Manor Nursing Hom		Glen Burnie		Anne Arundel					
JEC.	10a. STATE 10b. COUNTY		N OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Baltimore Coun	ty Balt	imore (Rosem		1 TES 2XXNO					
3AL	10s. STREET AND NUMBER		10f. ZIP CODE	10g	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	4000 Brian Street, 11. MARITAL STATUS 12. WAS DECEDENT EVER	MILLS ADMED	21227	WO 0010110 (C14-VN	o— 14. RACE — American Indian.					
BY FU	1 Never Married 2 Married 3 X Widowed 4 Divorced	2 X XNO	If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puarto Rican, etc.)	Black, White, atc. Specify:					
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINES	White White					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		ne durina most of workina	TOD. KIND OF BOSINES	S/MUSSINI					
IP.	?	Homemake	r	Housewif	e					
NO.	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden Surna						
BE (William E. Greenholtz		Unkno							
10	19a. INFORMANT'S NAME (Type/Print)		ESS (Street and Number or Rural							
	Mr. Elmer F. Greenholtz		ian Street,		Maryland 21227 ON - City or Town, State					
	1 X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)	Memorial Par		Burnie, Maryland					
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE	-71 - 1111 -	22. NAME AND ADDRESS OF FA	CILITY						
	New II		McCully Funer 237 E. Patap	al Home of B	rookiyn 1to., Md. 21225					
	23. PART I. Enter the diseases, or complications that cause	ed the death. Do not en			ry arreet, Approximate					
- 1	ahock, or heert fellure. List only one cause on IMMEDIATE CAUSE (Finel	sach line.		1-11.	Interval Between Onset and Death					
	disease or condition - a. protable carby a Mylmea minutes									
	DUE TO (OR AS A CONSEQUENCE OF!									
ON	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
SAT	cause. Enter UNDERLYING									
Ē	that initiated events	A CONSEQUENCE OF):	0							
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other significent conditions contributing to death	but not resulting in the	underlying cause given in							
20	De cent conduction of cause of performed? De cent conduction of cause of peatity									
MEDIC			5/31/95		1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (CI							
HYS	1 YES 2 NO 1 Inpettent 2 ER/Ou 27. MANNER OF DEATH 28a. DATE OF INJURY	26b. TIME OF	Mursing Home 6 Residence 28c. INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJUR	Y OCCURED					
	1 Natural 5 Pending (Month, Day, Year)	INJURY	WORK?							
D BY	2 Decident	RY — At home, farm, street,	factory, office	261. LOCATION (Street and A City or Town, State)	lumber or Rural Route Number,					
TE	4 Homicide determined									
COMPLETED	29a. CERTIFIER (Check only cond-	The second second			S. Control of the Con					
SON	One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.									
BE C	286 SECNATURE AND TITLE OF CERTIFIER	10 10	29c. LICENSE NU	MBER 294	d. DATE SIGNED (Month, Day, Year)					
5	30. HAMF AND ADDIES OF PERSON WHO COMPLETED CAUSE OF E	FATH (ITEM 27) (Some Drive)	17.79	101	6 N 17 3					
	Jerry D-Skard	ek 8	418 BHA	- Blud-	Paradag MD					
	31. DATE FILED (Month, Day, 16ar) 32. REGISTRAR'S SIC	NATURE MANDARE			/					

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2	PHYSICIAN:
DIVISION OF VITAL AECONDS, 1.0. DOA 13140	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-
5	DR.
	SPITAL

31. DATE FILED (Mgnith, Day, Shee)

32. REGISTBAR'S SPRINTURE DE L'AUNCION - NOTATION

		FOR STATE REGISTRAR	STATE OF MARYLA				EALTH AND I	MENTAL	HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last) Thea H	THEA H. C.	THEA H. CHAMBLISS				2. DATE OF DEATH MONTH DAY YEAR			YEAR	3. TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER 23/-3-/-8954	1 № M 2 🗆 F 58	yrs. last birt	rRS. MONT	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 12	F BIRTH Day, Year) /15/19	931	Countr	PLACE (State or Foreign y) SINIA
2, 3 should	OR	9a. FACILITY NAME (If not institution, give a UNIVERSITY HOSPI					ORE, MARY			9c. COUN	ITY OF D	EATH
	DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		C. CITY, TO	WN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
permit. P		MARYLAND 10e. STREET AND NUMBER				101	MARYLANI ZIP CODE)		10g. CITIZ	ZEN OF W	1 X YES 2 NO
prigated in Pages 1, burial-transit permit. Pages 1,	BY FUNERAL	1919 EUTAW PLACE, 11. MARITAL STATUS 1	APT4-B BALTII 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED		13. WAS DEC	1217 ENDENT OF HISPAN Holfy Cuban, Mexical ZONO Specify	n, Puerto Ri		USA or No-	14. RACE Black Speci	
d for use as the	ETED	15. DECEDENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k		AL OCCUPATION In the during most red.)		16b. i	KIND OF BUS	BINESS/IND	BLA	ick
id be detached	BE COMPL	17. FATHER'S NAME (First, Middle, Last) ROBERT CHAMB	LISS				18. MOTHER'S NA	CHE	CHAM	BLISS		
e 5 should	2	19a. INFORMANT'S NAME (Type/Print) EFFIE CHSMBLISS					nd Number of Rural F					ND 21217
rector, page		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	W	other place)		N (Name of cen R CEMI	netery, crematory or ETERY			CATION — (-	wn, Stata
mous after bean. Fage b may be trained by the hospital or attending physician be in by the funeral director, page 5 should be detached for use as the burial-train or removal. medical examiner must be notified at once.		21. SIGNATURE SET TUNERAL SERVICE LY	PENSÉE	\rangle		ESTEP	BROTHERS EUTAW PLA	FUN:				
find the		UNIVERSATE CALLOR (CII	List only one cause on aa	ch lina.	. Do not e	nter the mo	de of dying, suc	h aa cardi	ac or reapi	ratory arr	eat,	Approximeta Interval Between Onset and Death
executed within z= no nand completely filled to burial, cremation, o matic event, the m		reaulting in death)	a. Savam JOUE TO (OR AS A	CONSEQUE	NCE OF):		1		1			0 2017.00
ncate be execu physician and ne prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A DUE TO (OR AS A									
the death certify the attending of Mental Hygie injury, or oth		resulting in death) LAST	d.		- Int I - Ab						1	
requires that the seen signed by the of Health and M shows any injection.	MEDICAL	PART II. Other eignificant condition		not resu		e underlyini	g couse given in	—	24a. WAS AN PERFOR 1 YES 2	MED?	240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law requestion of the State Dept. of the Man 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	itlent 3 🗆		HER:	ACE OF DEATH (Ch					
The this	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	21	8b. TIME OF	28c. INJ WC			CRIBE HOW I	NJURY OC	CURED	
L DR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home,	farm, street	, factory, offic	•	28f. LOCA City o	TION (Street or Town, State)	and Number	or Rural i	Route Number,
HOSPITAL DR A FUNERAL DIREI WITHIN 72 HOURS	COMPLE	(Oriect Drilly	ER: On the baels of axamination									s) and manner as stated.
TO THE HOSPIT TO THE FUNER DE filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	whom				29c. LICENSE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WI	huan www				225	.6 -		SL.	Rel	1 MD 21761

Pages 1, 2, 3 should

permit.

use as the burial-transit

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IMPORTANT: If

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COMPLETED item 28

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OR)	DIRE	tem
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extrours after death. Page 6 may be retained by the hospital or	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for 3 phours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	CE.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH Richard Carter Hackett 90 8:28 June S. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 😾 M 2 🗌 F 219-12-3103 Feb 26, 1926 Glen Burnie, MD 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH North Arundel Hospital Glen Burnie, Md. Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 - YES 2 NO Maryland
100. STREET AND NUMBER Anne Arundel Glen Burnie 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 203 N. Street, 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rica

1 ☐ YES 2 X NO Specify: 1 Never Merried 2 Never Merried Specify: 3 Widowed 4 Divorced WOrld War White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Assistant 12 ecretary of Agriculture MD State 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William F. Carter Sarah Virginia Eberhardt 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) G. Carter Same as 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State 20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) Glen Haven Memorial Park Glen Burnie 22. NAME AND ADDRESS OF FACILITY Singleton Funeral Home 21. BIGNATURE OF FUNE AL BERVICE Second Ave. S.W. Glen Burnie 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or haert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition Ocea resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO TOR AS A CONSEQUENCE OF: that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH?

25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (Check only one)									
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA	OTHE 4 Nu	ce 6 Other (Specify)							
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Nur City or Town, State)									

29e. CE

296. SIGNATURE AND TOTAL OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED

20091

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Since

		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.000
Elliott Gorbaty.	M.D. 7845	Oakwood R	Road, Glen	Burnie, N	1d. 21061
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		•		
שיייב חבבו פד אוחם	widow-Margade				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL	MPORTANT: II

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last) Robert A.	COBBS			2. DATE OF DEATH MONTH DAY	1990	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 124-16-5002 9a. FACILITY NAME (If not institution, give s.	15€ M 2 ∏ F	63 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 01-28-27	Coun	nsylvania				
Deer's Head Ce			Salisbury		Wicomico					
10a. STATE 10b. COUNTY	comico		own on Location Salisbury		10d. INSIDE CITY LIMITS? 1X YES 2 NO					
10e. STREET AND NUMBER	00111200		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
unknown 11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED	unkno			d States				
Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 17 YES IF YES, GIVE WAR OR UNKNOWN	S 2 NO	If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Spec	E — American Indian, sk, White, etc. offy: TOId				
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	IAL OCCUPATION done during most of working lired.)	16b. KIND OF BUS	INESS/INDUSTRY					
12th grade	none	Union Re	epresentativ	e Musi	c Indu	stry				
17. FATHER'S NAME (First, Middle, Last) Robert Co	obbs		Este							
Jeannine Marie	Davis		Orleans St.			1				
20a. METHOD OF DISPOSITION 1 □ Burial 2 🔀 Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	other place)	nt Cemetery		cation - city or t timore	own, State Maryland				
21. SHOMATURE OF FUNERAL SERVICE LA	Druge	go In	22. NAME AND ADDRESS OF FA Calvin B. 1412 E. Pre	CILITY		-				
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on		49	h as cardiac or respi	ratory arrest,	Approximata interval Batween Onset and Death Li hours				
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS	ASPIRATION A CONSEQUENCE OF): A CONSEQUENCE OF):	1			4 hours				
PART II. Other significant condition Cerebrevascular			A	Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (Ch							
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year	26b. TIME O	F 28c, INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW II	NJURY OCCURED					
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
anal construction			t the time, date and place, and due n my opinion, death occured at the			(a) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIE	Hwg	0	29c. LICENSE NUI D16003	MBER	29d. DATE SIGNE	0 (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSONNEL Inja HWANE, M.D.	. Deer's	Head Center	P.O.Bex 2018	Salisbur	y, Md.	21802				
JUN 19 199	32 REGISTRAR'S SH	SNATURE Indale								

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	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) BERTHA 1	PAVIS	FR 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH DAY	90 8, BIRT	3, TIME OF DEATH 3, 30 P M			
	217-18-0179 10 M2 XF 7	3 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	9c. COUNTY OF	(USA) S.C.			
TOR	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL OF	LTIM URE	ry, town or location of de	TIMORE	_	LTIMORE			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION LTIMORE		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		101. ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	1511 POPLAR GROVE STREET		21216		U. S. OF A.				
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	3. WAS DECENDENT OF NISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Bla	CE — American Indian, lock, White, etc.			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work don	e during most of working	16b. KIND OF BUS	INESS/INDUSTRY	9			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 12	HOUSE KEE	,	UNIVERS	ITY HOSE	PITAL			
BE CON	17. FATNER'S NAME (First, Middle, Last) PRESTON WATERS		MARTHA						
2	19a. INFORMANT'S NAME (Type/Print) MISS MILDRED DAVIS		SS (Street and Number or Rural I JMBUS DRIVE	Poute Number, City or Town BALTIMORE,		JD 21215			
	20a. METNOD OF DISPOSITION 20	b. PLACE OF DISPOSITION (Name of cemetery, crematory or	20c. LO	CATION — City or	Town, State			
		RBUTUS MEMOF		-	rimore,	MD. BALTO. CO			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	, 1	22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 2						
	23. PART I. Enter the diseases, or complications that classed the death. Do not enter the mode of dying, such as cerdiec or reapiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. CAR DIDRESPIRATORY ARREST								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Johny).	A CONSEQUENCE OF): A CONSEQUENCE OF):	EQUENCE OF):						
4	PART II. Other aignificent conditions contributing to deeth	but not resulting in the	underlying cause given in	Part I. 24a. WAS AN		AMAILABLE PRIOR TO			
MEDIC	AMYLOIDOSIS	2001		1 _ YES 2	Ж ио	COMPLETION OF CAUSE OF DEATH?			
. ME	SEIZURE DISOR	CDEK		_		1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C/	neck only one)					
YSIC	1 U YES 2 NO 1 Inpetient 2 ER/Ou		luraing Home 5 - Residence						
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examinate					se(s) and menner as stated.			
H	296. SIGNATURE AND TITLE OF CERTIFIER HOU Basson	SE OFFIC	GR 29c. LICENSE NU	MBER	29d. DATE SIGN	** 16 - 9 0			
5	AVTAR S. BA	SINA	1 HOSPI	TAL OI	= BA	LTIMORE			
	31. DATE FILED (MODING ON 1000) 32. REGISTRAR'S SK	GNATURE							
	68 20					DNMH-18 Rev 1/89			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 within 2000 in the foliation of the conficuration of the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CER	RTIFICA	TE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y	YEAR 3	. TIME OF DEATH			
	William L. Dilley						990	5 120 P. W			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birt		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign			
	217-22-4406 1 ² M 2 F 60	YRS. MONTH	S DAYS	HOURS MIN.	July 27,	192	Me	ryland			
	9a. FACILITY NAME (If not institution, give street and number)	9b, C	TY, TOWN O	R LOCATION OF DE			TY OF DEA				
5	BELAIR CONVALESCENT HOME		-			HAR	FORD				
DIRECTOR	RESIDENCE OF DECEDENT										
# 1		loc. CITY, TOW					1	INSIDE CITY LIMITS? YES 2 NO			
<u>a</u>	MARYLAND BALTIMORE X										
FUNERAL	109. STREET AND NUMBER 6116 BELAIR ROAD 109. CITIZEN OF WHAT 21206 U. S.										
교	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 X XES 2 NO	° [If yee, spe	city Cuban, Mexica	HC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	Black,	– American Indian, White, etc.			
B	3 Wildowed 4XXDivorced WWII		1 TYES	2 XX Specify	<i>r</i> :		Specify:	HITE			
		DENT'S USUAL	OCCUPATIO	N	16b, KIND OF BUS	INESS/IND					
COMPLETED	(Specify only highest grade completed) (Give k	kind of work do	one during mo-		IOD. KIND OF BOS	JIIVE SO/IIVD	001111				
2	Elementary/Secondary (0-12) College (1-4 or 5 +) NA P T	IPE M	TTT		STEEL	COM	PANY	•			
Ž	17. FATHER'S NAME (First, Middle, Last)	LIE M	TLL	18 MOTHED'S NA	ME (First, Middle, Maiden						
5	LLOYD DILLEY				NELSON	dumamay					
BE	19a, INFORMANT'S NAME (Type/Print) 19b, M	*******	F00 (011 -		Route Number, City or Town	a Photo Pla	Code				
임					E., BALTO			1206			
.	· · · · ·										
	20b. METHOD OF DISPOSITION TEXBurlel 2 Cremelion 3 Removal from Stale 4 Disposition 5 Other (Specify) (CA)	DETCO	Name of cer	etery, crematory or	. CEM. 01	CATION —	City or Tow	n, State			
Ì											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC.										
	3331 Brehms Lane, Baltimore, Md. 2121										
	23. PART i. Entar/tha diseesea, or complications that caused the death. Do not anter the mods of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carcinomatosis										
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART ii, Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PNO 1 TO THE PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24b. WEI AMA 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 PNO 1 TO THE PART II. OTHER SIGNIFICENT CONTRIBUTION CONTRI										
AN	25. WAS CASE REFERRED TO MEDICAL		26 P	ACE OF DEATH (C)	neat anti ana)						
<u> </u>	EXAMINER? HOSPITAL:	ОТІ	HEB:								
Ι×S	1 ☐ YES 2 ☑ NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ 27. MANNER OF OEATH 28e, DATE OF INJURY 2	28b. TIME OF			6 Other (Specify)	IN HIRW OC	CUBED				
표	1 Patural 5 Pending (Month, Day, Year)	INJURY		RK?	28d. DEŞCRIBE HOW I	NJUHT OC	COMED				
B	2 Accident Investigation			rES 2 NO	001 1 001 7011 7011						
	3 Suicide a Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home building, etc. (Specify)	281. LOCATION (Street City or Town, State)	ena Numbe	OF MUNICIPAL PIC	oute Number,						
<u> </u>	29e. CERTIFIER					:					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, deeth one)							end manner as stated.			
8											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU	MBER 0426	29d. DAT	E BIGNED	(Monte, Day, Year)			
2	(Mbes D Brefley)			יטע	146	(-116	/10			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED AUSE OF DEATH (ITEM 2	27) (Type, Print))								
	Dr Bradley										
	31. DATE FILED HOND 19 1990 32. AEGISTRAB'S SIGNATURE	dell									
	JUN I & 1990 Jule Davidson-Mon	JOE DE									

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest)								E 11,	1990	YEAR	3. TIME OF DEATH 11:00 P.	
1	4. SOCIAL SECURITY NUMBER 5. S 179-07-8191 D	M 2 X F	i. AGE (In yrs. les	2. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH YRS. MONTHS DAYS HOURE MIN. NOV. 5, 189							8. BIRTH Country ITA	PLACE (State or For	eign
HC	99. FACILITY NAME (If not institution, give street a VILLA ST. MICHAEL									9c. COUNTY OF DEATH			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			100 CIT	v mount o	P I OCATI	ON					10d, INSIDE CITY	
DIRECTOR	MARYLAND BALTIM	ORE		10c. CITY, TOWN OR LOCATION CATONSVILLE							LIMITS?	NO	
₹ I	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	27½ MAPLE AVENUE				1::::		21228			U.S.A.			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X IF YES, GIVE WAR OR OATES X			MED 10		f yes, spe	ENDENT OF HISPAN cify Cuben, Mexica 2 X NO Specify	n, Puerto I		or No-	No 14. RACE Americen Indien, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th	CEDENT'S Ive kind of a Do NOT us	USUAL Of work done one retired.)	CCUPATIO	N it of working	18b	. KIND OF BUS	INESS/INDU	JSTRY				
AP	3		HO	DUSEW	IFE				OWN H	OME			
BE CON	17. FATHER'S NAME (First, Middle, Liset) ENRICO GABRIELI				16. MOTHER'S NA ROSA	ME (First, I	Middle, Melden S	Surname)					
10	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural					21222	
	JOSIE DRECCHIO						NUE, CATO	NSVI				21228	
	20e, METHOD OF DISPOSITION 1	NEW CATHEDRAL CEMETERY BALTIMO								ORE, MARYLAND)	
	21. SIGNATURE OF FUNERAL SERVICE LICENS) >	40		LEROY M. & RUSSELL C. WITZK					TTZKI	E FU	NERAL HO	MES
	>7 (uscaesae	rug	Re									LE, MD.2	
	23. PART I. Enter the diseases, or companies, or heert failure. Liet IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	only one ceus).		the mod	da of dylng, suc	h as can	diac or respi	ratory srre	est,	Approxima interval Be Onset and	tween
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST D. NEUMONIA, 8. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
8	PART II. Other significant conditions co	ontributing to c					cause givan in	Part I.	24a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FIT MAILABLE PRIOR COMPLETION OF COMPLETION O	то
BY PHYSICIAN: MEDI	MULTI INF	ARCI	J.	EN	1en	MA			(1 YES 2	10
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			-	-	ACE OF DEATH (C/	heck only o	ne)				
YSI	1 - YES 2 - 100 10	Inpatient 2	ER/Outpatient	_	- A-		e 5 🗆 Residence						
Y PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Day	NJURY y, Year)	28b. TIN	ME OF JURY M	_	URY AT RK? YES 2 NO	28d. DE	SCRIBE HOW II	NJURY OCC	CURED		
	3 Suicide S Could not be determined	28e. PLACE OF building, e	INJURY — At he etc. (Specify)	ome, ferm,	street, fac	tory, offic	•	28f, LOG City	CATION (Street e or Rown, State)	and Number	or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: O											e) end menner ee s	tated.
	296_SIGNATURE AND TITLE OF CERTIFIER)					29c. LICENSE NU	MBER		29d. DATI	E SIGNES	(Month, Day, Year)	
TO BE	30, NAME AND ADDRESS OF PERSON WHO CO	leha	C 05 05 47 11 11 11	MA)	o Only at		2859	1		> 6	13	RO	
	7A3WEEM LAKI	HANI.	7220	PA	HRK	+	ACTH	5 /	WE,	BA	270	MD 21	205
31. DATA PILED (Month, One 1921) AREGISTRAFF SIGNATURE													

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DIVISION OF VITAL RECORDS, I	The second secon
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			ERIIF	CALE	Ur	DEAL	п	RE	G. NO.				
i.	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF OE MONTH	ATH DAY	r	YEAR	3. TIME OF OEATH	
ŀ	Baby Girl Davi	S 5. SEX	6. AGE (In yrs. las	- 4 6 2-4 - 1	IF UNDER				5-28		T.	Bunzu	7:45 P	M
ļ		1 M 2 TF	o. Aut. (III yrs. IIIs	YRS.	MONTHS	DAYS	HOURS 2	MIN.	(Month, Day,	Year)	- 1	Countr	γ)	7
ŀ	N/A 9a. FACILITY NAME (If not institution, give s	Λ.			9b. CITY	TOWN	OR LOCATION	N OF DEA	5-28-	90_	9c. COUNT		Ito Md	
	St. Agnes Hospita										Ju. 000111		LATT	
Ŀ	RESIDENCE OF DECEDENT	d 1			Ва	alt	imore.	Mar	yland					
	10a. STATE 10b. COUNTY	1		100	Y, TOWN O								10d. INSIDE CITY LIMITS?	
L	MARYLAND			В	ALTI								1 YES 2 NO	
-	100. STREET AND NUMBER 2048 BRADDISH A	VENILE				1	01. ZIP CODE	21216	5		10g. CITIZI		·S.A.	
ŀ	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN U.S. AS	DMEO	19.1	W86 05			C ORIGIN? (Spe	olfu Voc	or No I s			-
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1	If yes, s		, Maxican,	Puarlo Rican,		W NO _	Black	E — American Indian, k, White, etc.	
	3 Widowed 4 Divorced	11 1ES, GIVE W	AR OR DATES		- '	1 📙 🕫	S Z M NO	Specify:				Speci	BLACK	
ľ	15. DECEDENT'S EDU- (Specify only highest grade		(G	ECEDENT'S Sive kind of a	work done o	CCUPAT	TON nost of working)	16b. KIND	OF BUS	INESS/INDU	STRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +) [Do NOT us	se retired.)									
ŀ	N/A			N/A			1		N/					
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAM	BARBA			DAY	VIS	
ŀ	19a. INFORMANT'S NAME (Type/Print)		10	h MAILING	ADDRESS	loont2\ 2	and Number of	or Burnt Bo	oute Number, City				V 13	_
ı	BARBARA DAVIS								BALTIMO				16	
ľ	20a. METHOO OF DISPOSITION 1 Neural 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE	OF DISPOS	SITION (Na	rme of c	emetery, crema	atory or		20c. LOC	CATION — C	ity or To		
╟	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE			22.	NAME /	AND ADDRESS	S OF FACI	ILITY					
	Lussueen	Suzzl											ERAL HOME E, MD. 21	
Γ	23. PART I. Entar tha disaasea, or ahock, or haart failure.				not antar	tha m	oda of dyin	ng, such	aa cardiac o	or reapli	ratory arre	st,	Approximata interval Betw	een
	IMMEDIATE CAUSE (Final	110 01 100-											Onset and De	
	disease or condition resulting in death)	a	ral hem		-	int	raven	tric	ular a	nd s	subara	achi	nolid	
			(OR AS A CONSE		F):									
	Sequentially list conditions,	D	hypoxi		n·								-	_
	if any, leading to immediate cause. Enter UNDERLYING		iture ru			mer	nbrane	s an	d char	inar	nnion	itia		
	CAUSE (Disease or injury that initiated events		(OR AS A CONSE			met	anc	J all	. CHOI	LUAI	011.			
	resulting in death) LAST	d												
	PART il. Other aignificant condition	a contributing to	death but not	reaulting	In the un	ndarivi	ng cause di	iven in P	Part I. 24-	WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDI	NGS
	and a second				send tell	,	yı		1 1	PERFOR	MEO?	1	AVAILABLE PRIOR TO COMPLETION OF CAUS	
									- ¹º	YES 2	□ №		OF DEATH?	
									-				I LI TER Z LI NO	
	25. WAS CASE REFERRED TO MEDICAL					28.	PLACE OF DE	ATH (Chec	ck only one)					
	EXAMINER?	HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHER		ome 5 🗆 Res	sidenca 8	8 Other (Spe	cify)				
I	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIN		28c. II	NJURY AT VORK?		28d. DESCRIBI		NJURY OCC	URED		
	1 Natural 5 Pending 2 Accident Investigation	(40,44), 0	-,, 100.7		М		YES 2	NO NO						
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At h	ome, farm,	atreet, faci	tory, off	fice		28f. LOCATION City or Tow		and Number o	or Rural :	Route Number,	
L	4 Homicide determined													
	(Original Oriny	ICIAN: To the best of	my knowledge, d	leath occurr	ed at the t	time, da	ita and place,	and due t	to the cause(a)	and man	nor as state	d.		
	one) 2 MEDICAL EXAMINE	ER: On the basis of e	xamination end/or	Investigation	on, in my o	opinion,	, death occure	ed at the t	lime, data and s	place, an	d dua to the	cause(a) end menner as state	d.
I	20b. SIGNATURE AND TITLE OF CERTIFIE	79/1	en C	2,5	*		29c. LICEI	NSE NUMI			29d. DATE		(Month, Day, Year)	
L	Jan 1	Z MARCH			. 4			77704	7)	29-90	
ı	William J. HIck	en, M.D.	900 Cat	on A		Ва	ltimor	e, M	Marylan	ıd :	21229			
I	31. OATE FILED (Month, Day, Year) JUN 1 9 1990		AR'S SIGNATION					7	_ / 2 0 11					
Ш	JOH T J 1330	1												

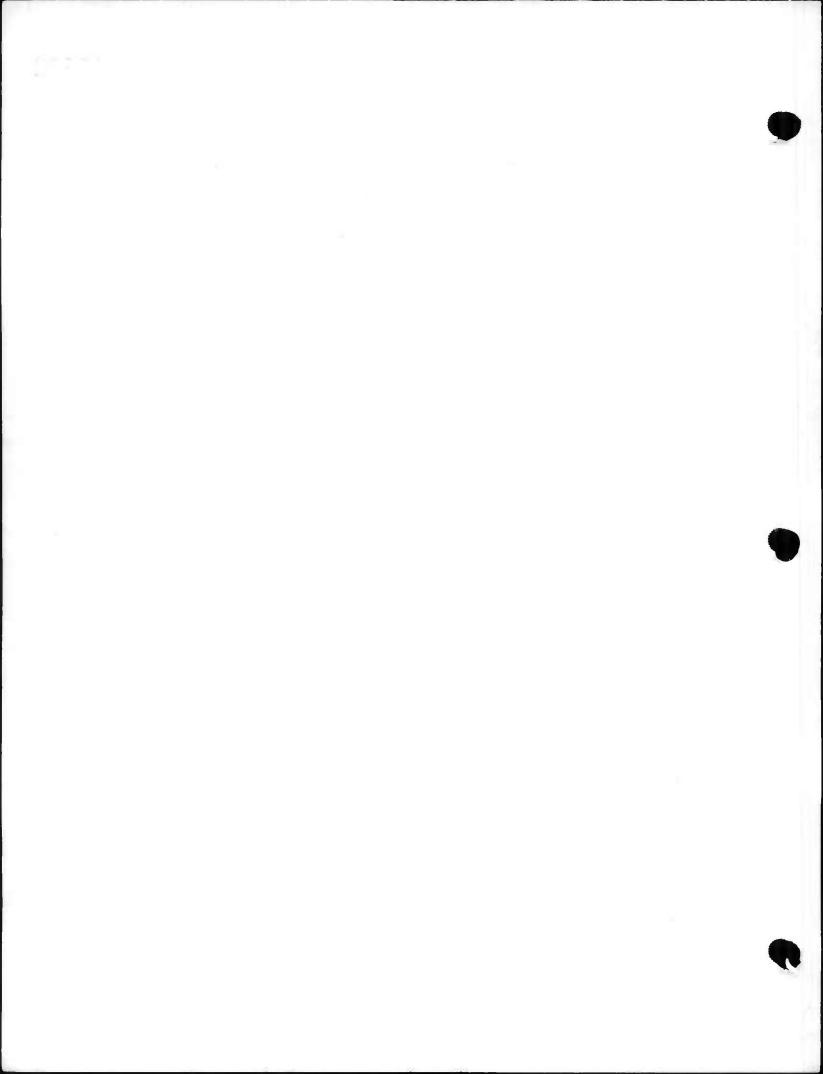
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or femoval.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENI REG. NO.	E				
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
,	THELMA	Α.	DeV	ΤΤΔ		June_18,	1990	1:30 A M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	460-16-2613	1□MXXF 78	YRS.	NTHE DAYS	HOURS MIN.	10-28-19	11 1	Country)			
	9a. FACILITY NAME (If not Institution, give str	reet and number)	9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF DEATH				
۳ ا	St. Joseph Hosp	ital	-	owson			Balt	imore			
DIRECTOR	RESIDENCE OF DECEDENT				1		Baltimore				
H.	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?			
		imore	Par	kvill	e		1 □ YES XX NO				
₹ I	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?			
FUNERAL	1709 Pin Oak Ro				21234		U.S.				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	. RACE — American Indian, Black, White, atc.						
BY	3 1 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES	2 NO Specify	:		Specify:			
	15. DECEDENT'S EOUC	ATION	16a. DECEDENT'S US	HAL OCCUPATION	N	16b. KIND OF BUS		hite			
H I	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8+)		k done during mo		TODE KIND OF DOC	,				
2	10 Years -	College (I-4 of 8+)	Tax Cor	sulta	n t	Incom	е Тах				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 1 411 001	IS UI OU		ME (First, Middle, Maiden					
	Fred Elme	r 1	ladden		Tsabe1	1e	Fitza	erald			
BE	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street a		Route Number, City or Town					
٤	Sandra J. Golds	borough	1709 F	oin Oa	k Road	Baltimor	e, Ma	ryland			
	20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT					y or Town, State			
1 M Burlel 2 Cremetton 3 Removal from State other place) 4 Donetton 5 Other (Specify) Gardens of Faith Cemetery Balto.Co., Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		D ADDRESS OF FA	eral Hom	_				
	1 3 of 1 3	X No	in					son,MD21204			
	23. PART i. Enter the diseases, or o										
	shock, or heart fellure. I	List only one cause on	each iine.					interval Between Onset and Death			
	disease or condition resulting in death)	ISCHAE	MIC :	HEAR	& TS	ISEAS	Ë	C-CIT ON COLUMN			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):								
z	Sequentially list conditions,	b									
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):								
5	CAUSE (Disease or Injury	C. DUF TO (OR AS	A CONSEQUENCE OF):								
Ē	that initiated events resulting in death) LAST										
CEI		d									
	PART ii. Other significant condition					neneor		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
2	CHR	8N/C F	SPNAC	FH11	URE	1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
ME						_		1 YES 2 NO			
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)					
YSI	1 YES 2 NO	1 - Inpatient 2 - ER/Ou	tpatient 3 DOA 4	☐ Nursing Horr		8 Other (Specify)					
BY PHYSICIAN: MEDICAL	27, MANNER OF DEATH 1 Natural 8 Pending	(Month, Day, Year)	28b. TIME INJUI	RY WC	RK?	28d. DESCRIBE HOW	NJURY OCCU	REO			
ВУ	2 Accident Investigation	25° DI ACE OE IN HIS	RY — At home, farm, str		YES 2 NO	201 LOCATION (Comme	and Alumbas as	Charl Book Alambar			
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Sp	ecify)	eet, factory, offic		28f. LOCATION (Street City or Town, State)		narer noote number,			
山	29e. CERTIFIER						_				
COMPLETED	(Check only	ICIAN: To the best of my kno				The second					
00		The second second	ion and/or investigation,	in my opinion, c		HENGE REGISTRE		cause(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIED		1 m		29c. LICENSE NUI			SIGNED (Month, Day, Year)			
10	20 NAME AND ADDRESS OF ASSOCIA		1	halmat.	17 12	901	6	-18-90			
-	30. NAME AND ADDRESS OF PERSON WH			тинј							
		3. REGISTRAPSISIO	WATU A								
	31. DATE FILED (1977) 27 (1971) 1990	PEGISTRAPSISION	W- North								



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS. P.O. BOX 13146.

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	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours	
	ATTENDING	
	DR.	
	10SPITAL	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

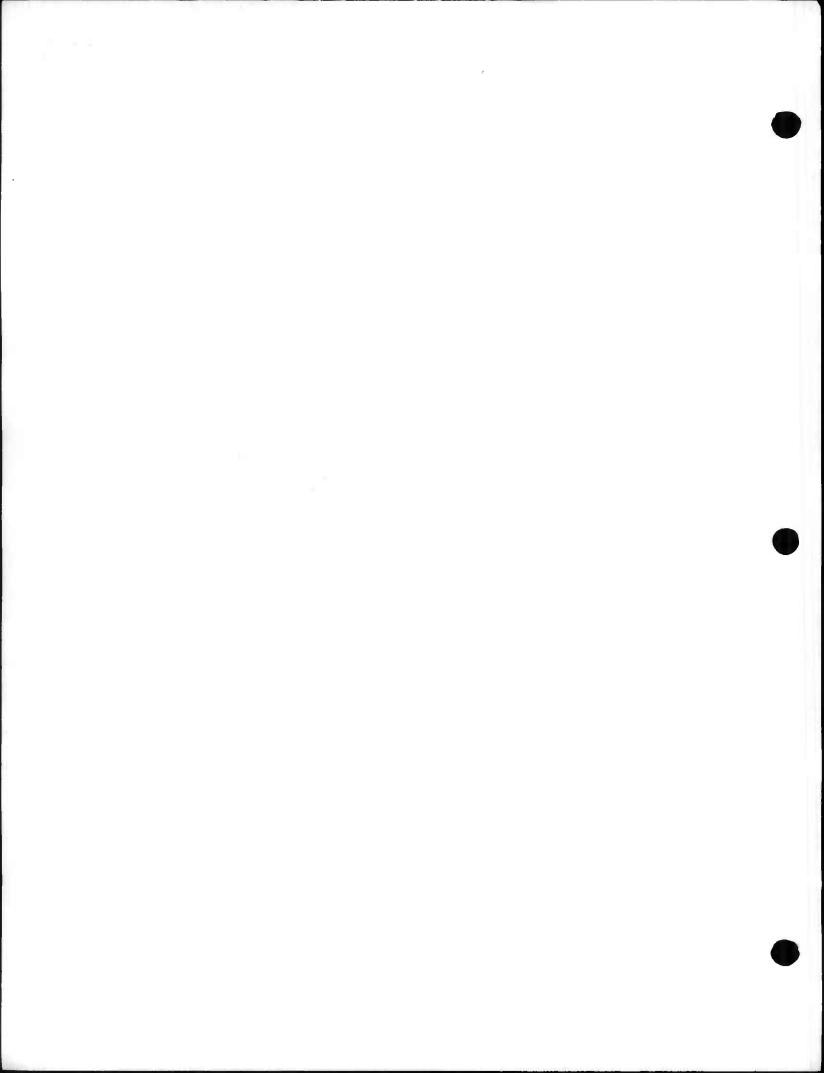
	FOR STATE REGISTRAR	STATE OF MARY		PARTMENT			MENTAL	HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Lest)	Sally J.	Dani	els			2. DATE OF MONTH	F DEATH DAY	199		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-74-0121 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 🔀 F	E (In yrs. last birtho	S. MONTHS	DAYS	IF UNDER 24 HRS. HOURII MIN. R LOCATION OF DE	1-	BIRTH Day, Year) 25-00	N.	CAR	CE (State or Foreign	
TOR		ong Green	N.H.			imore	ATH		9c. COUNTY OF DEATH			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	10c.	10c. CITY, TOWN OR LOCATION BALTIMORE					10d. INSIOE CITY LIMITS? XIX YES 2 □ NO				
ERAL	100. STREET AND NUMBER 115 MELROSE		101. ZIP CODE 21212					COUNTRY?				
BY FUN	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS OCCEOENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES			MEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)							166. KIND OF BUSINESS/INDUSTRY OWN HOME				
OMI	17. FATHER'S NAME (First, Middle, Lest)		1 1100	USEWI	PE	18. MOTHER'S NAM	_					
WILLIAM A. JACKSON SAI									JACKSO			
5	19a. INFORMANT'S NAME (Type/Print) MTTTON R DANTE				ANUMBER OF RURAL R					8		
	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)								ATION — City or Town, State LINGTON, VA.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Valuary R. Paura L.												
	23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		aach lina.				h as cardi	ac or reapli	atory arreat,	1	Approximate Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d											
BY PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	but not result	reaulting in the underlying cause given in Part I.				I. 24s. WAS AN AUTOPSY PERFORMED?		AM CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/0	utpatient 3 🗆 Di	OA 4X Nu	A:	ACE OF DEATH (Che						
У РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUF (Month, Day, Yea		. TIME OF INJURY		URY AT PK? FES 2 NO	28d. DESC	RIBE HOW II	NJURY OCCUR	ED		
								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	CONDON ONLY	ICIAN: To the best of my kn								ruse(a) ar	nd menner as stated.	
TO BE CO	2907 SIGNATURE AND TITLE OF CERTIFIE	Plant		29c. LICENSE NUMBER D 23076				29d. DATE SIGNEO (Month, Day, Year) 6 - 16 - 90				
ř	Richard L. D:	iamond M.			all	s Rd.,B	alto	.,Md	•			
	JUN 1 9 1990 9w	Chocologian !										

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be find within 72 hours after death with the State Debt, of Health and Mental Hyclehe prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its animal property of the party within 29 hours after death with the State Dept of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any in	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF N		CERTIF					MENIA	REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)							-		E OF OEATN			3. TIME OF	DEATH
LILLIAN C.	EGNER								MOM		1990	YEAR	2:45	A. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTH	1770	6. BIRT	HPLACE (State	
216-32-8442		1 🗌 M 2 💢 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	JUN	E 30,	1899	MAR	YLAND	
9e. FACILITY NAME (# not in	stitution, give st	reet and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE		,		NTY OF		
IVY HALL NU	RSING	HOME				R/	ALTIN	MODE					BALTIM	ORE
RESIDENCE OF DEC								TORE						
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE	
MARYLAND	N/A			BAI	LTIMO	ORE (CITY						1 X YES	2 NO
100. STREET AND NUMBER							ZIP COD	E			10g. CI	IZEN OF	WHAT COUNT	RY?
12320 EASTE	RN AVE	NUE				21	L220				U.	5.A.		
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2		13.	It yes, spe		m, Mexica	in, Puerto	IN? (Specify Ye Rican, etc.)	s or No—	Blad	E — American ck, White, etc.	Indien,
3 Widowed 4 Divo	rced	IF TES, GIVE V	MH OH DAIES			I 🗌 TES	2 (<u>2</u>),NO	Specif	у:			Spe WH	ITE	
	EDENT'S EDUC highest grade		16a.	DECEDENT'S	USUAL C	CCUPATIO	N nt of workin	200	16	b. KIND OF BU	ISINESS/IN	DUSTRY		
Elementary/Secondery (0	12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired.)	during mo.	at or workin	79						
N/A	N	I/A	H	OMEMAI	ŒR					HOME				
17. FATNER'S NAME (First, M							18. MOT	NER'S NA	ME (First	Middle, Maider	Surname)			
NICHOLAS LA							KATI	E RI	EINH	ARDT				
19e. INFORMANT'S NAME (7										mber, City or Tov				
DOROTHY HAR		AUGHTER)							STON	, MARY	LAND	210	47	
20e. METHOD OF DISPOSIT	n 3 🗆 Reme	oval from State	othe	CE OF OISPO				-					lown, State	
A Donation 5 Other (Specify) ST. MICHAEL'S LUTHERAN CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF PURE ALL SERVICE LICENSEE														
SCHIMUNEK FUNERAL HOME, INC.														
/ flen	- 1	Zmis											RYLAND	21236
23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.														
IMMEDIATE CAUSE (Fine) Onset and Death														
disease or condition resulting in death)	→	. Kenel	fac	time	Ch	~~~	me,)						
		OUE TO	(QR'AS A CON	SEQUENCE C	191			01	1	1-,1		2 4		
Sequentially list condit	ions.	DUE TO	g c	De	ne.	ha		VI	80	The	el ·	call	0 Z	
If eny, leading to imme cause. Enter UNDERLY	diate	of 10	A CON	ISEQUENCE C	n-):								i	
CAUSE (Disease or inju		c. DUF TO	(OR AS A CON	ISEQUENCE C	IEI:								- i	
that initiated events resulting in death) LAS	т				. ,.								İ	
		d											+	
PART II. Other algnifice	ent condition	e contributing to	deeth but n	ot reaulting	in the u	nderlying	g ceuse	given in	Pert I.	24a. WAS AI	N AUTOPSY	24	b. WERE AUTO	
										1 TYES			COMPLETION DF DEATH?	
												- 1	1 TYES	NO NO
25. WAS CASE REFERRED T	O MEOICAL						ACE OF D	EATN (C	heck only	one)				
EXAMINER? 1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatien	it 3 🗆 DOA	OTHE		e 5 □ R	asidence	6 🗆 Ott	her (Specify)				
27. MANNER OF OEATN		28s. OATE OF	INJURY	28b. Til	ME OF JURY	28c. INJ	URY AT		28d. O	ESCRIBE NOW	INJURY O	CCURED		
	Pending Investigation	(INIGIAII, L	, rour)		M	1 🗆		NO						
2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)														
4 Homicide	determined													
29e, CERTIFIER 1 CERT	TIFYING PNYSI	CIAN: To the beat o	f my knowledge	, death occur	red at the	time, date	end place	e, end du	e to the c	euse(e) end mi	inner ee af	ated.		
CONSUM OTHY		R: On the basis of e											(e) end manne	r an stated.
29b. SIGNATURE AND THE	OF CERTIFIC	1	1				29c. LIC	ENSE NU	MBER		29d. D4	TE SIGNE	D (Month, Day,	Ybar)
		1					カ	14	27.	1	•	6	19-8	
30. NAME ANO AOORESS O	F PERSON WH	COMPLETED CAL	SE OF OEATN	(ITEM 27) (Tvp	e, Print)		V	1 /		1		0.	. 1 . 2	
TARIQUE FIR						7. 1 R. A	(T.TTN	ORF	МΛ	RYI.AND	212	71		
31. OATE FILEO (Marsha Day,	Year)		S SIGNATUR			, DE	244 A. A.A.	OILE .	, 1111	TATIONIAN	414			
	I O TOD	DI Asta	MANGAGA-	North	-									



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit. Pages 1, 2, 3 is belief within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1 - STATE REGISTRAR	SIALE UF MA			ICATE				REG	i. NO.	-						
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA	TH DAY			3. TIME O	F DEATH			
	Raymond	L.			Fic	ck			б	13		90	8:1	1 P	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last I	birthday)	IF UNDER 1		IF UNDER 2	4 HRS.	7. DATE OF BIRT	TH hard		6. BIRTH	PLACE (SI	ete or Forei	gn		
1	212-58-0658	1 XM 2 □ F	37	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV. 25	,1	952	MA	MARYLAND				
	9e. FACILITY NAME (If not institution, give str	eet and number)	-		9b. CITY,	TOWN O	R LOCATIO					NTY OF D	EATH		\neg		
R	University Hosp	oital				Bal	timo	re			-						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											10d. INSI	OF OUT				
E	MARYLAND				BALT								LIMIT	rs?			
	10e, STREET AND NUMBER				, II II I		ZIP CODE				10n CIT		X X YES 2 □ NO				
FUNERAL	1120 QUANTRIL	WAY						205			U.						
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1							IC ORIGIN? (Spec		or No—	14. RACE Black	— Americ	en Indien, c.			
BY	1 Never Merried 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					2 X NO			,		Speci	"y:WHI	TE	- 1		
<u>G</u>	15. DECEDENT'S EDUC (Specify only highest grade of		16e. DECI	EDENT'S	USUAL OC	CUPATIO	IN at at working	7	16b. KIND (OF BUS	INESS/INC	DUSTRY			\neg		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. L	Do NOT u	se retired.)	94											
MP	NA	NA	SHE	ET	META	/L				_		CI	TY				
8	17. FATHER'B NAME (First, Middle, Last)								ME (First, Middle, I		Surname)						
BE	EARL FICK 190. INFORMANT'S NAME (Type/Print)		1	****					FOGLE								
ဥ	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1120 QUANTRIL WAY, BALTO., MD. 21205																
	20e. METHOD OF DISPOSITION	,	20b. PLACE O	F OISPO	SITION (Nac	ne of cen	netery crem	atory or				City or To					
	1X Buriel 2 Cremetion 3 Remo	val from State	GLEN	HAV	EN C	CEMI	ETER	Y	1 -				, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE															
1	117	191.			33	331	BRE	HMS	LANE,	В	AI.TO), I	MD.	212	13		
-	23. PARTI. Enter the diseases, or co	omplications that c	aused tha des	th. Do										proximate			
	shock, or heart fallure. L	lat only one cause	on sech lina.							·				erval Bet			
	IMMEDIATE CAUSE (Finel disease or condition	Contact	aunshot	- TATO	und t	-0 r	i ah+	arm	s chec	+	(han	ndgun					
	resulting in death)		R AS A CONSECU				igit	CLIII	a ches	-	(Hall	agan	aguri)				
z	Sequentially list conditions b.																
CERTIFICATION	Sequentisity liet conditions, if any, lasding to immediata DUE TO (OR AS A CONSEQUENCE OF):																
2	CAUSE (Disease or injury		R AS A CONSEQU	IENOE S	-								-				
E	thet initieted events resulting in death) LAST	00 01 300	N AS A CONSECU	DENCE C	r).								İ				
CE													_				
	PART II. Other significent conditions	contributing to de	eth but not re	suiting	In the un	derlyln	g ceuse g	iven in		WAS AN	AUTOPSY MED?	24k		E PRIOR TO	0		
DIC									1XCX	YES 2	□ NO		OF DEATH	ION OF CA	USE		
ME								×	_				TY YES	2 🗆 NO	·		
ÿ																	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_		OTHER	R:			eck only one)						-		
IYS	1½∑YES 2 □ NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 XE		DOA 28b. TII		ang Hom		sidence	6 Other (Spec		N BIRV OF	CHIDED			_		
	1 Natural 5 Pending	(Month, Day, 6/13/9	Year)		JURY		RK?	LNO				CONED					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be		NJURY — At hon					2	Subject 28f. LOCATION	_	_	er or Rural	Route Numl	386	-		
ED	4 Homicide 6 Could not be	building, etc	L (Specify) SUSE			,,			1053 Q	, State)					MD.		
	290. CERTIFIER CEPTIEVING PHYSIC			th assur	and at the ti	man eleka	and place	and due					, Da.	LCOPE	ישוי		
COMPLETED	(Orlean orly	CIAN: To the best of m											s) end man	ner as sta	ned.		
8	286. SIGNATURE/AND THOLE OF CERTIFIER						29c. LICE) (Month, D				
BE	1 M	1	2/4					OCM			•		4/90	,,,			
5	30. NAME AND ADDRESS OF PERSON WHO	DOMPLETEO CAUSE	OF DEATH (ITEM	27) (Typ	e, Print)			CCIVI	Ľ			0/1	4/ 70				
	Ann M. Dixon, N	1.D Der	outy Chi	ief		11	l Per	nn S	t. B	alt	o, M	ID	S	5			
	31. DATE FILED JUN 1 9 199(S, SIGNATURES	nd and	-												
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	l, crer	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	_				2. DATE OF DEATH MONTH DA	VE 18	3. TIME OF DEATH		
	MARY	B		GILES		6 16	1990	12:10 A M		
	4. SOCIAL SECURITY NUMBER	/	GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Montp., Day, Vear)	8. BIRT	THPLACE (State or Foreign		
	217-76-3528	1 - M 2 DF	13 YRS.	WONTHS DATE	HOURS MIN.	7 05/ 67	Mo	iryland		
	9e. FACILITY NAME (If not institution, give so	treet end number)		9b. CITY, TOWN O	R LOCATION OF DE	HTA	9c. COUNTY OF	DEATH		
5	Sinai Hos	pital		Balti	more					
ទួ	RESIDENCE OF DECEDENT 10a. STATE , 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	ION _			10d. INSIDE CITY		
DIRECTOR	Mdi			Bat	AT AN	AVP		1 YES 2 NO		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	3354 Belve	ere	(ive		212	15	W:	50		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 _ Y	ER IN U.S. ARMED			IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No- 14. RAI	CE — American Indian, ck, White, etc.		
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES			Spe	icify:		
	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPATION	N	18b. KIND OF BUS		ACK		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mos se retired.)	st of working	िय ८	21			
린	es s		Stu	rdem!	- A	1 Breeze	Jehoo	ا د		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0 1		7.	18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)			
BE	" IN IN	61163	s, Sr	-	Ravardo	ena Gi	le s			
2	19a. INFORMANT'S NAME (Type/Print)	lac		ADDRESS (Street a	nd Number or Rural I	Ploute Number, City or Town	n, State, Zip Code)	_		
٦	200. METHOD OF DISPOSITION	iles	333	y Deri	क्षा स् रम	LIVE	~ 2171	5		
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	206, PLACE OF DISRO	SITION (Name of Jen	Property or	0 ku 130	CATION — City or	Town, State		
	SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	111.000	22. NAME AN	D ADDRESS OF FA	CILITY	11011	11040		
	10h 11	1 1 00		1241	1.11011	F 120 (. CO. 119	rth earp		
A	23 PART I. Enter the diseases or	complications that can	used the death. Do	not enter the mo	do of duing aug	has corried or moni	-JEYVI	Approximata		
Ч	ahock, or heart falliure.	List only one cause of	on each iina.	not ental tha tho	de of dying, suc	ii as cerdiac oi raspi	iatory arrest,	Interval Between Onset and Death		
	iMMEDIATE CAUSE (Final disease or condition	Mu1t	iple gun	shot wo	unds			Onact and Dualti		
- 1	resulting in death)	0	AS A CONSEQUENCE O		unuo			1		
2		b								
E	Sequantially list conditions, if any, landing to immediate	DUE TO (OR	AS A CONSEQUENCE O	OF):						
2	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events resulting in death) LAST			,.				[
CE		d,								
CAL	PART II. Other aignificant condition	na contributing to daa	th but not reaulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8						1 X YES 2	□ NO	OF DEATH?		
PHYSICIAN: MEDIC								1 X YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			. 00 00	ACE OF OEATH (Ch	and and and				
ত 당	EXAMINER? 1X KYES 2 NO	HOSPITAL:	Outpetlant 2 M DOA	OTHER:		6 Other (Specify)				
H	27. MANNER OF OEATH	28e. DATE OF INJU	JRY 28b. TII	ME OF 28c. INJ	URY AT	28d. OESCRIBE HOW I	NJURY OCCURED			
ВУ Р	1 Netural 5 Pending	(Month, Day, Ye			RK? YES 2 🙀 NO	Subjec	t shot			
	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, ferm,		•	281. LOCATION (Street a City or Town, State)		al Route Number,		
E	4 K Homicide determined			Belved	ere Ave.					
COMPLETED	29e. CERTIFIER (Check only	BICIAN: To the best of my I	knowledge, death occur	red at the time, date	end place, end due		D = 1			
MO	and the same of th	ER: On the beele of examin	nation end/or investigat	ion, in my opinion, o	leath occured at the	time, date and place, en	d due to the caus	e(a) and manner as stated.		
D BE	M	+XX			OCME		6-1	6-90		
2	30 NAME AND ADDRESS OF PERSON WE		F OEATH (ITEM)27) (Typ		2 HT- 22					
	'Ann M. Dixon,			111 F	enn St	., Balto.	, MD	21201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	Rank .							

REG NO

STATE REGISTRAR

1 -

DIVISION

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Atheria E 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. last birthday IF UNDER ! YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 8 New York 216 09 6616 Pages 1, 2, 3 should 9e, FACILITY NAME (If not in DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2XX NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 406 C Silverleaf Ct. 21061 United States use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician, 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian Black, White, atc. FORCES? 1 YES 2 X NO 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 TES 2 X NO Specify White BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) director, page 5 should be detached for COMPL 11 Homemaker Domestic onca. 17 FATHER'S NAME (First Middle I aut) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Menderich Pauline F Muzyka notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Diane Gehlert 386 Dutchship Ct., Pasadena, MD 21122 examiner must be 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 20e. METHOD OF DISPOSITION

1
Burlel 2
Cremetion 3
Removal from State
4
Donation 8
Other (Specify) Crematory, Inc. Catonsville, MD Metro 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, or removal. the medical 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate attending physician and completely filled in by sital Hygiene prior to burial, cremation, or remo shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Nound disease or condition resulting in death) event DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 signed by the atter Health and Mental Injury, MEDICAL PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part i. 24n. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAII ARLE PRIOR TO 23 shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO certificate has been in the State Dept. of it PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 8 Other (Specify) ood 8 | Residence 4 - Nurs the 0 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a, DATE OF INJURY 26d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF this c. Is marked, 1 Netural 5 Pending Investigation 2 (NO 7 1 YES 9 2 Accident
3 Suicide BY After death 28e/PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number 8 Could not be DIRECTOR: A hours after d COMPLETED 4 Homicide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT: 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Yber) BE 분 23 2 19

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	3 should		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	To belief within (2.7 bours after death with the State Legit or retain and whence hypere proto to found, or demonstrate the state feet of the state	23 shows any injury, or curer againstic avent, and medical examined must be morned

TO BE COMPLETED BY FUNERAL DIRECTOR

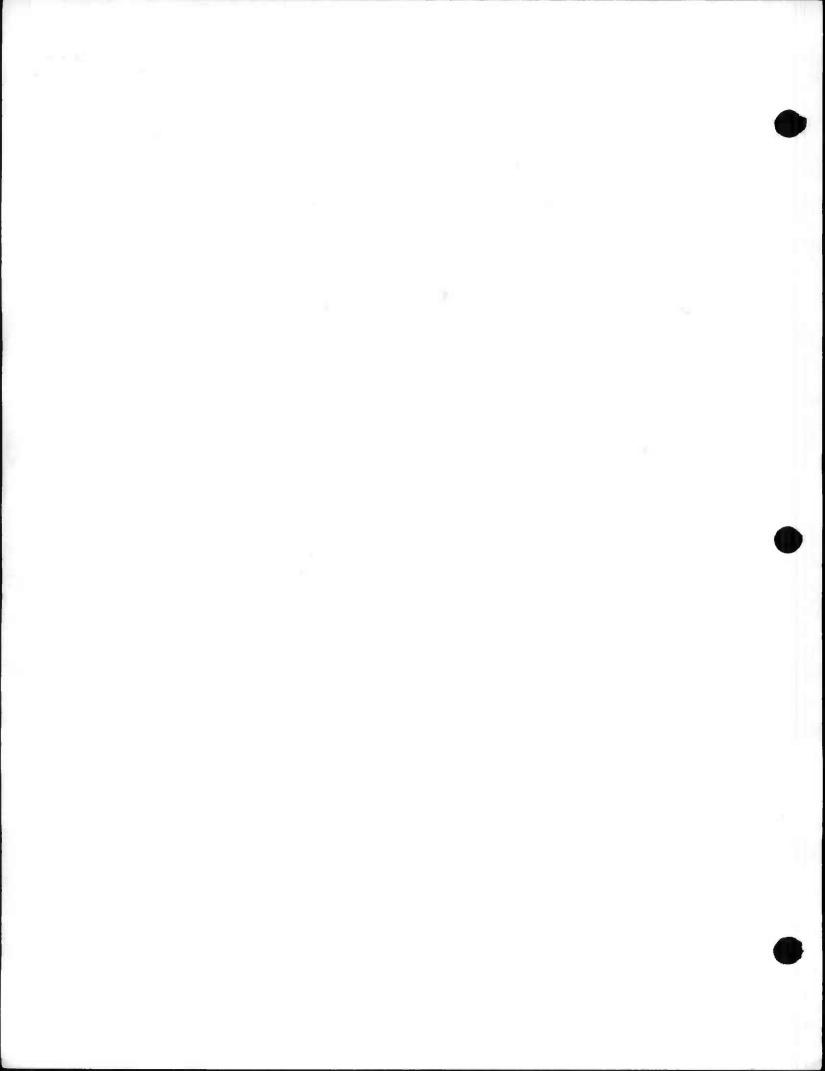
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) RHE LN	A L. GUSTAFSO	N			2. DATE OF DEATH	YEAR	3. TIME OF DEATH 11:25a
4. SOCIAL SECURITY NUMBER 195-14-1284	5. SEX 8. AGE (In yrs. le	YRS. MON	UNDER 1 YEAR IF UNDER ITHS DAYS HOURS	MIN.	7. DATE OF BIRTH (Month, Dey, Year) 03-27-05	5 Cour	ennsylvani
90. FACILITY NAME (If not institution, give		Columbi		ATH	ec. county of		
10a. STATE 10b. COUN			olumbia				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 11026 Berrypic			101. ZIP COD 21.04	_		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 NIF YES, GIVE WAR OR DATES	RMED NO		en, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	Bia	CE — American Indian, lek, White, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION 16a. D (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Give kind of work e. Do NOT use ret	AL OCCUPATION done during most of works fred.) Personn		7 i ppo		ecturing
17. FATHER'S NAME (First, Middle, Last)		711100	16. MOT	HER'S NAI	ME (First, Middle, Maiden S	Surname)	
John Lewis		ob MAII INC AD			aret Joute Number, City or Town	Cohlh	lepp
Donna Nol							MD 21044
20s. METHOD OF DISPOSITION Comparison 2 Cremation 3 Rec 4 Donation 5 Other (Specify)	noval from State other t	olace)	N (Name of comotory, cred Lawn Ceme			ane, P	
21. SIGNATURE OF FUNETIAL SERVICE I	11	M0053	22. NAME AND ADDRE		Slack		al Home and 21043
23. PART I. Enter the diseases of shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	e. Left lowe one course on each line to the course on each line to the course on each line to the course on each line to the course on each line to the course of the cou	Ιο.				ratory srrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSI						
PART II. Other significant conditions Recurrent Chronic ore		resulting in the	Municipal Course Course Curcuan	-	4 DEDEAD	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I on	26. PLACE OF I	DEATH (Che	ack only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 R		6 Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCURED	
2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY ALI	nome, farm, stree		NO	281. LOCATION (Street s City or Town, State)	and Number or Rura	il Route Number,
cool cray	SICIAN: To the best of my knowledge, of						e(s) and manner es atated.
296. BIGHATURANO TITLE OF CENTRE)	29c. LIO	ENSE NUN			(No (Month, Day, Year)
BRID T. COOPE 31. DATE FILED (Month, Day, Year)		- 4	napolis k	d	The of City	t md	21043

THE RESIDENCE THE SHARE THE E 0 . E2 . 0 모

	. Pages 1, 2, 3 shou	
PHYSICIAN: THE IAW REQUIRES THAT THE DEATH CENTRICATE OF EXECUTED WITHIN 24 HOURS AFTER DEATH.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, (with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
dill, rage o may	uneral director, pa	aminer must
C4 HOURS ATTEN DE	filled in by the fi on, or removal.	he medical ex
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ath certificate be	ttending physician al Hygiene prior	, or other trau
unres mar me be	signed by the all Health and Ment	ws any injury
IAN: The iaw req	r this certificate has been signed by the attending physician and completely filled in h with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or it	or item 23 sho
ENDING PHYSIC	DR: After this cer ter death with th	is ma
HOSPITAL OR ALL	TO THE FUNERAL DIRECTOR: After to filed within 72 hours after death	NT: If item 28
10 THE X	TO THE FL. be filed with	IMPORTANT: If

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR H. GAINES 1490 1:36 Pm KATHERINE 15 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Day, Year) 12-12-1903 1 M 2 M F 195-38-3385 86 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore General Hospital Randallstown Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 10a, STATE Md. Carroll Fairhaven 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 7200 Third Ave. 21784 (Sykesvill U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 2 NO 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: BY 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working ille. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) Henry C. Blackwell Katherine Middendorf BE 19a. INFORMANT'S NAME (Type/Print) 17039 Av. De Santa Ynez Pacific Palisades 2 Stockton Gaines ifornia 90272 20s. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name Green Mount Cemetery Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Henry W.Jenkins Funeral Home William York Rd. Balto. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete ahock, or haart fallure. List only one cause on each line.

CAUSE (Final SEVERE BILAT interval Between erel acuto A Onset and Death IMMEDIATE CAUSE (Final HRS diseese or condition Multiple organi systemo facture resulting in death) overwhelming sepois CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQU if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES . NO DF DEATH? 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA 4 - Nursing Homa 5 - Rasidence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 1 V Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined 1 Y CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 5/15/90 D0208 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Boston 31. DATE FILED (Month, Day 100



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, point filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must is

TO BE COMPLETED BY FUNERAL DIRECTOR
be notified at once.
by or retained by the inceptual or according physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH	REG. NO.	12

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE 3. NO.			
	1. DECEDENT'S NAME (First Middle, Last)	ELSIE G	RACE GODW	JN		2. DATE OF DE	ATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5.	BIRTHPLACE (State or Foreign								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 92 YRS. FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (MONTH) 7. DATE OF BIRT									
FUNERAL DIRECTOR	Fairfield Nursing C		100	rownsv				e Arundel		
E	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY		
ä	Maryland Baltimo	re						LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?		
5	9007 Harford Road				21234		U	J.S.A.		
5		WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN			Black, White, atc.		
PY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA	TES		2 NO Specify		,	Specify:		
	15. DECEDENT'S EDUCATION	ON T	18e. DECEDENT'S USU	AL OCCUPATIO	Al	105 KIND	OF BUSINESS/INDUS	White		
	(Specify only highest grade com		(Give kind of work life. Do NOT use rel	done during mo	at of working	100, KIND	OF BUSINESS/INDUS	PINT		
7	Q	3Hege (1-4 Of 5 +)	Seamstr	000		Tex	tile Indu	istry		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		SPAINSTY	300	18. MOTHER'S NA			1501 y		
BEC	Charles	W	Phill	ins	Но	nrietta	N	German		
	19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip Co			
2	Mr. Jonathan C. Geri	man	471 Bro	adwate	Road.	Arnold.	Maryland	21012		
	20a. METHOD OF DISPOSITION	troop State	PLACE OF DISPOSITIO				20c. LOCATION — CIT			
	4 Donetion 5 Other (lipschy)		udon Park	6-	-18-90		Baltimo	imore, Maryland		
	21. SIGNATURE OF SUNBRAL SPRICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
	Ernest L. Feist	111		Legn	ard J. R	ygk, Ind	Cfimoro	Md. 21214		
	23. PART I. Enter the disease, or com	plicetione that ceused	the death. Do not					t, Approximate		
	shock, or heert fallure. Liet IMMEDIATE CAUSE (Finel	only one ceuse on ee		/			0	Interval Between Onset and Deeth		
	MMEDIATE CAUSE (Finel disease or condition resulting in deeth) o. CARDO PULMONARY ARREST,									
	DUE TO (OR AS A CONSEQUENCE OF):									
×	Sequentially list conditions,									
CERTIFICATION	If eny, leeding to immediate couse. Enter UNDERLYING									
5	CAUSE (Disease or Injury									
Ē	that initieted evente resulting in death) LAST	The fall has h	CONSCIOUENCE OF J.					į l		
GEI										
AL.	PART II. Other significent conditions contributing to deeth but not resulting in the underlying couse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?									
음	Dement	~				1	YES 2 NO	COMPLETION OF CAUSE OF DEATH?		
ME	>/D HZONI	AC LI	DEOTON			_		1 - YES 2 - NO		
ä										
PHYSICIAN: MEDIC		OSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)				
IYS	1 YES 2 NO 1 27. MANNER OF GEATH	Inpetient 2 ER/Outp	itlent 3 DOA	Nursing Hom	5 - Reeldence					
	1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	20b. TIME OF	wo	RK?	28d. OESCRIBE	HOW INJURY OCCU	RED		
B₹	2 Accident Investigation	28s. PLACE OF INJURY	— At home form street	M 1 1		284 LOCATION	(Street and Number or	- Remail Double Member		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	lfy)	t, metery, one		City or Town		nusi node Namoe,		
9	29e. CERTIFIER									
MP	one)	n the best of my knowl						cause(e) and menner ea stated.		
8		A .	and a mount genon, in	i my opinion, u						
84	96. SIGNATURE AND TITLE OF CERTIFIER	on to wa			29c. LICENSE NUI	UZ 8	29d. DATE S	SIGNED (Month Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)	11/1	100	1	10,100,10		
	MICHMEL J. Late	M Arm	600 R	DGLE	MAEF	tino Ac	NNAPOL	15 Maryol		
	31. DATE FILEUN 19 1990	32. REGISTRAR'S SIGNA			1					

31. DATE FILED (Month, Day, Year)

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ins after death, Page 6 may be retained by the hospital or attending physician.

In by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xxxxurs after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the first of bound and the state of the sta	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VE	3. TIME OF DEATN
	LEROY HAMILTO	N				JUNE 14,	1990 YE	6;30 A.M. M
	7 72		n yrs. last birthday) 5 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 04-11-3	0. B	HRTNPLACE (State or Foreign ountry)
0 B O	9a. FACILITY NAME (If not Institution, give street THE JOHNS HOPKINS RESIDENCE OF DECEDENT			96. CITY, TOWN O	R LOCATION OF DE MORE	ATN	BALTI	
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 435 N. KENWOOD A	V E .		10f.	21224		1.5	OF WHAT COUNTRY?
BY FUN		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 10th	ON opleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of tille. Do NOT un	USUAL OCCUPATION Work done during most retired.)	DN st of working	BETHLE		
BE COM	17. FATHER'S NAME (First, Middle, Lest) JAMES HAMILTON				18. MOTNER'S NAI	ME (First, Middle, Malden E SQUIR	Sumame)	1 6 6 6 6
TO B	BERNICE HAMIL					Fourte Number, City or Tow E - BALTIM	ORE,	MD. 21206
2 1 88 1	20a. METNOD OF DISPOSITION 17.1 Burlai 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of commetery, cremetery or BATTIMORE, MD.							
20	31 SIGNATURE OF FUNERAL SERVICE LICENS	SEE (Danne	2	1000	. MARCH		01 E.	NORTH AVE.
)	23. PART I. Entar the diseases, or com- shock, or heart fallure. List			not antar tha mo	da of dying, suci	h as cardiac or reap	ratory srreat,	
+1	IMMEDIATE CAUSE (Final disease or condition resulting in death)	•		coccal	men	ingitis		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	AIDS CONSEQUENCE O	ም :				76 days
ERTIF	that initiated events resulting in death) LAST	DGE TO (OR AS A	CONSEQUENCE O	nr): 				
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 VES 2 NO							
SICIAL		OSPITAL:	atient 3 DOA	OTHER:	ACE OF DEATH (Ch			-
							ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm,	atreet, factory, offic	a .	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Crieck Orlly	IN: To the bast of my know						euse(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1or	7 .		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Nogth, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO C	CHIPPETED CAUSE OF DE	ATH OTEM 27) (To	o Print)				1

PRETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Savidson Bridge

DHMH-16 Rev 1/89

/Cospital

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
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6		FOR 1 _ STATE	STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE	E
U		REGISTRAR t. DECEDENT® NAME (First, Middle, Last)		CERTIFICATE	OF DEATH	REG. NO.	La TIME OF PEATH
		BRUCE HOFFM	AN JR.	ll		2. DATE OF DEATH DAY	Y 17 YEAR 3. TIME OF DEATH
-		4. SOCIAL SECURITY NUMBER 235-42-4770	5. SEX 6. AGE (In yr.	s. lest birthday) IF UNDER YRS. MONTHS	I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 10.	8. BIRTHPLACE (State or Foreign Country) WEST 1931 VIRGINIA
2, 3 should	CTOR	98. FACILITY NAME (If not institution, give st	Rey Malic	Proter B	TOWN OR LOCATION OF DE	M/O	9c. COUNTY OF REATH
Pages 1, 2	ш	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY, TOWN D	LOCATION		10d. INSIDE CITY LIMITS?
permit. Pa	L DIR	BAT	LTIMORE	B A	LTIMORE		1 VES 2 XNO
ışi	FUNERAL	18 MANGO TRA			21220		И.З.А.
**************************************	B	11. MARITAL STATUS 1 Never Married 2 Married 8 5 Widowed 4 Divorced	12. Was decedent ever in u.s Forces? 1 **Eyes 2 IF yes, give war or dates KOREAN	□NO II	WAS DECENDENT OF HISPAN yes, specify Cuben, Maxica YES 210 NO Specify	n, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: Whyte, 1997 — 1
ital or attend d for use as	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	n. DECEDENT'S USUAL OG (Give kind of work done of life. Do NOT use retired.) MACHINIS	uring most of working	166. KIND OF BUS	E COMPANY
by the hospit be detached at once.	E COMPL	NA 17. FATHER'S NAME (First, Middle, Lest) BRUCE HOFFMAN	SR.	HACHINI	16. MOTHER'S NA	ME (First, Middle, Meiden : FLANAGAN	
s 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print) BRENDA L. KELI	LY (DAUGHTER		(Street and Number or Rural I		n, State, Zip Code) , MD. 21213
age 6 may be director, page er must be		20e METHOD OF DISPOSITION Solution Market	oval from State 20b. PL off M O S	er place)	DEEMER		CATION — City or Town, State
e funeral din L. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Bellin	22. (S (HAME AND ADDRESS OF FA	CILITY UNERAL HO	•
d in by the or removal.		23. PART / Enter the diseases, or o	omplications that caused th	e deeth. Do not enter			
ion, a		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ARDS	2' to	massiv	e blood	transfry m 20/75
and completely burial, cremat	_		GI OR AS A CO	NSEQUENCE OF):			7 dys
be cian or t	CATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEOUENCE OF):	ection /	Algmati.	n 70/75.
nding Hygien	ERTIFIC	CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):	fection	and Di	abetes.
	2	PART II. Other aignificant condition	s contributing to death but	not resulting in the un	derlying cause given in	Part i. 24a. WAS AN PERFOR	AUTOPSY 24b. WERE AUTOPSY FINDINGS BMED? AWAILABLE PRIOR TO
signed Health WS al	MEDICA					1 🗆 YES 2	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
tas been Dept. of 23 sho		25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	and and and	
SICIAN: The law certificate has but the State Dept.	/SICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL:	nt 3 DOA 4 Num			
NG PHYSICIA fter this certification with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED
L OR ATTENDING I DIRECTOR: After hours after death tem 28 Is mai	딢	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, fact	ory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMPLE	one)	CIAN: To the best of my knowleds				nner as stated.
五五十五	BE CC	29b. SIGNATURE AND TITLE OF CERTIFIED	Abiblis	m.O.	29c. LICENSE NU	MBER 73	29d. OATE SIGNED (Month, Day, Year)
2 6 3 ₹	임	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) /Supe Print)	1 10 0	01/2	11/10

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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2×mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Frank

31. DATE FILED (Month, Day, Year)

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	8-6-90 cm 90 16693												
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE				EALTH DEAT		MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	H	v	FAR	3. TIME OF DEATH
	Robin		Handy						6	8	ğ	Ô	12:12 p M
	4. SOCIAL SECURITY NUMBER	5. SEX					7. DATE OF BIRTH	r)	e.	BIRTHP Country)	LACE (State or Foreign		
	218-60-8216	1 M 2 F	35	YRS.									
œ	9e. FACILITY NAME (If not institution, give a	,			ŀ		R LOCATIO	N OF DE	ATH	1	Bc. COUNTY	OF DE	ATH
5	725 W. Lexingto	n Street			В	alti	more						
DIRECTOR	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION				-	T	10d. INSIDE CITY LIMITS?
10	Md.			E	alti	.more							1 # YES 2 NO
AL	10e. STREET AND NUMBER					101.	ZIP CODE			1	10g. CITIZEI	OF WI	HAT COUNTRY?
EH	725 W. Le	xington	St				212	01				US	A
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I YES 2 N MAR OR DATES			If yes, spe		ı, Mexica	IC ORIGIN? (Specif n, Puerto Rican, sic		r No 14		- American Indian, White, etc.
	15. DECEDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATIO)N		16b. KIND O	BUSIN	IESS/INDUS		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	tito	ive kind of Do NOT u	work done se retired.)	during mod	at of working	9					
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Middle, Mi	iden Su	rname)		
BE C	Rooswelt	Lewis					I	Beat	rice H	and	У		
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2516 N. Ellamon: St. Balto. Md. 21216												
	20a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE of their place Wes	or dispo	sition (N	ame of cen	metery, crem	atory or	20		TION - CH		m, Slate
	21. SIGNATURE OF FUNERAL SERVICE LIC	CI d	tio	,	22.	Est		roth	ers Fune				
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory streat, abock, or haert failure. List only one cause on agent line.												
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF):								Onset and Date!				
N.	SUBENDOCARDIAL FIBEOSIS												
CATIC	If any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or plury)												
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	DUENCE C	PF):								
1.4	PART ii. Other eignificant condition	as contributing to	death but not r	neuitina	in the u	nderlyin	n course o	dven in	Dort i Zan W	C AN A	ITOREV	T 24h	WERE AUTOPSY FINDINGS
CA	PERFORMED? AWAILA									AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED									K(2) Y	S 2 [NO		OF DEATH?
Σ									-				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	ACE OF D	EATH /Oh	eck only one)			1	
2	EXAMINER? 1 TYPES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ noa	OTHE	R:	**		6 Other (Specify				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE O	F INJURY	26b. Til		28c. INJ		sidence	28d. DESCRIBE H		JURY OCCU	REO	
В	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation				M		YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE building	OF INJURY — At ho , etc. (Specify)	rme, ferm,	street, fe	ctory, offic	•		261. LOCATION (S City or Town,		d Number or	Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of											and manner as stated.
	290. SIGNATURE AND TYPLE OF CERTIFIE	-					29c. LICE						(Month, Day, Year)
O BE	2/100							OCM				/9/	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sing Print)													

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. - Assistant

Balto.

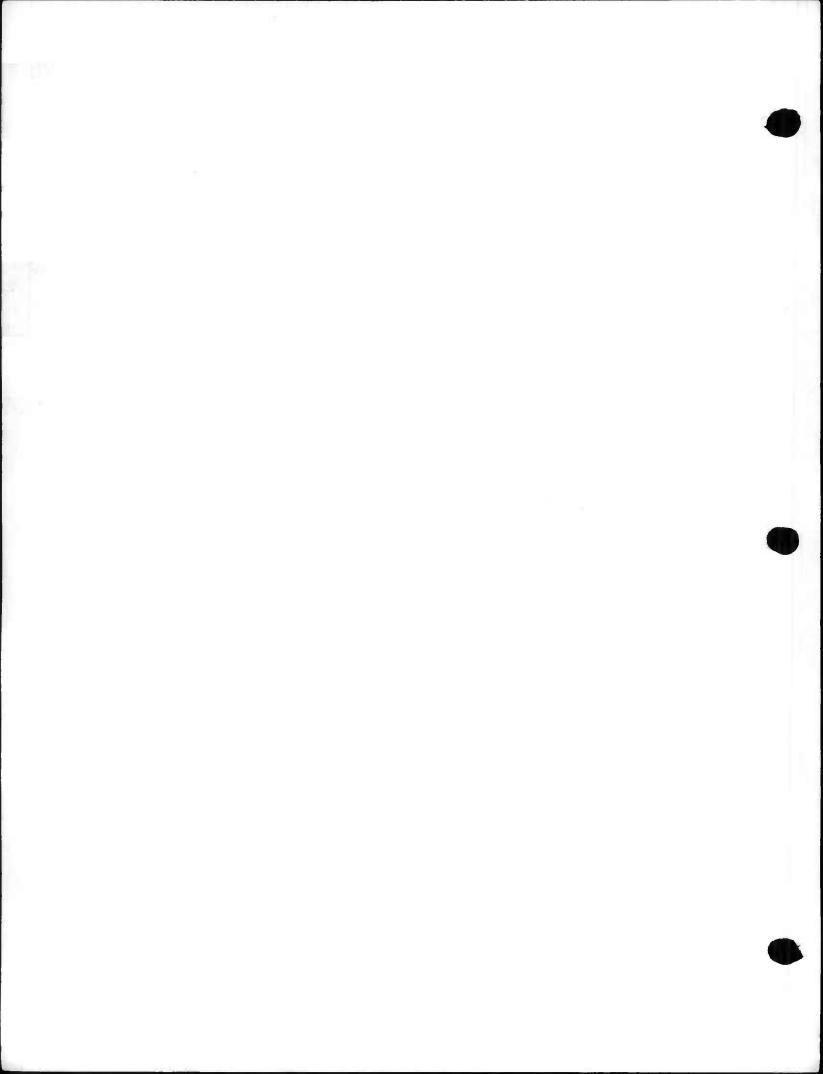
MD

Penn St

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hosp TO THE FUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within the State Dept. of Health and Merital Hyglene prior to burial, emention, or removal. INDOMENTALL HEAD 29 is marked on them 23 shows any injury or other fraumatic event; the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AN	D MENT	TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF OEATH	YEA	3. TIME OF OEATH		
	Thomas ALEXA		Howard			6 13				
				F UNDER 1 YEAR IF UNDER 24 HI ONTHS DAYS HOURS MI	N. (M	TE OF BIRTN lonth, Day, Year)	C	IRTNPLACE (State or Foreign ountry)		
	227 00 3001	XM2□F 3				3-4-56	_	MD		
ا يم ا	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
유	1811 Presstman S	treet		Baltimore Ci	ty					
DIRECTOR	10e. STATE 10b. COUNTY			T T M O D C	TV			10d. INSIDE CITY LIMITS?		
	MD		DAL	· - · · · · · · · · · · · · · · · · · ·	TY			1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1516 PRESSER	CT.		10f. ZIP CODE 2 1 2	17			OF WHAT COUNTRY?		
ᄬ		2. WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS DECENDENT OF NI		IGIN? (Specify Year		RACE — American Indian.		
	1 Never Married 2 X Married	FORCES? 1 YES	2 V NO	If yes, specify Cuban, M	exican, Puer			Black, White, etc.		
ВУ	3 Widowed 4 Olvorced							Specify: BLACK		
	15. DECEDENT'S EDUCATI (Specify only highest grade corr	iON npleted)	(Give kind of wor life. Do NOT use	k done during most of working		18b. KIND OF BUS	INESS/INDUSTR	RY		
길	Elementary/Secondary (0-12)	College (1-4 or 5 +)	COOK							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		00011		S NAME (Fir	st, Middle, Maiden S	Surname)			
BE C	WILBERT T. E.	HOWARD SE	₹.	DOF	ROTH	Y CAMP	BELL			
TO B	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street end Number or F						
F	SHARON HOWARD			PRESSER C						
	20s. METNOD OF DISPOSITION 1 \(\times \) Buriel 2 \(\times \) Cremation 3 \(\times \) Removal	1 from State	PLACE OF DISPOSIT	STAR CEMET	FRV		TONS V	ILLE, MD.		
	4 Donation 5 Other (Specify)		WESTERN	22. NAME AND ADDRESS O			101131	icci, no.		
	· Glad	v) 000	(0.0)				01 E.	NORTH AVE.		
	23. PART I. Entar tha disessea, or com shock, or haart fallure. Liai	aplications that caused	tha dasth. Do no	t sntsr ths mode of dying,	such as o	cardiac or respir	ratory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition Narcotic intoxication									
	resulting in death) a									
	OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
O N										
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	d									
AL C	PART II. Other significent conditions of	contributing to death b	ut not resulting in	the underlying cause give	n In Part I	1. 24a. WAS AN		246. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO		
EDIC						1 X YES 2		COMPLETION OF CAUSE DF DEATH?		
Σ								1 XYES 2 NO		
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF OEAT OTHER:						
HYS	1 XYES 2 NO 1	☐ Inpatient 2 ☐ ER/Outp	28b. TIME	OF 28c. INJURY AT		Other (Specify) DESCRIBE NOW IF	JURY OCCURE	D		
	1 Natural 5 Pending	(Month, Day, Year) 6/13/90	INJU	RY WORK? D M 1 □ YES 2 □ N	o Ur	nknown				
D BY	2 Accident Investigation 3 Suicide S Notice on the	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, at		28f.	LOCATION (Street a City or Town, State)	nd Number or R	tural Floute Number,		
TED	4 Homicide determined	bollaring, etc. (Open	house				stman S	St, Balto, MD		
COMPLET	CONNECTION OF THE PROPERTY OF	_		at the time, date end place, en				use(e) end manner ee stated.		
	29b. SIGNATURE AND TITLE OF CRITICIES			29c. LICENS	E NUMBER		29d, OATE SIG	GNEO (Month, Day, Year)		
BE (And	-Ch			CME			6/14/90		
2	JII. HAME AND ADDRESS OF PERSON WHO C		ACCORDANCE TO THE	Print)		n St.	Balto			
	Ann M. Dixor 31. DATE FILED (Month, Day, Year) JUN 1 9 1990 4	32. REGISTRAR'S SIGN	ATURE OF	<u>Cr 111</u>	Lein	I UL.	Darto	• F.W. •		
	JUN 19 1990 g	the Davidson-M								



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DOA 13140	executed
<	2
0.0	law requires that the death certificate be executed with
7.	death
2	the
Ę	that
RECORDS, P.O.	requires
	WE!
₹	The
7	PHYSICIAN:
DIVISION OF VITAL	SPITAL DR ATTENDING PHYSICIAN: The
5	DR
_	SPITAL

									70	16695
3		1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL	HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)		OLITI	II IOAIL (JI DEATH	2. DATE O		1 3	TIME OF DEATH
	1	THOMAS	Α.		HEILM	IAN	MONTH 6	DAY	9 ()	7:40 P M
		4. SOCIAL SECURITY NUMBER		E (In yrs. last birthe			7. DATE O	F BIRTH 8	BIRTHPLA	CE (State or Foreign
P		217-88-8812	xx M 2 □ F 26	5 YF	S.	NYS HOURS MIN.	May			ifornia
2, 3 should	~	9a. FACILITY NAME (If not institution, give st				WN OR LOCATION OF D		9c. COUNT	Y OF DEATI	4
2, 3	P	water-1100 bl	<u>c. Hull St</u>		В	<u>altimore</u>				-
Jes 1,	ည္အ	10a. STATE 10b. COUNTY			CITY, TOWN OR L	OCATION			100	I. INSIDE CITY
. Pag	DIRECTOR	Md		В	alto.Ci	ity,md.			12	LIMITS?
Sermi.		10e. STREET AND NUMBER				10f. ZIP CODE		109. CITIZE	N OF WHAT	COUNTRY?
n. ansit ç	FUNERAL	1415 Clarkson	St.			21230)	US	SA.	
ng physician. the burlal-transit permit. Pages 1,	BY FU	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO	If ye	B DECENDENT OF HISPAI a, specify Cuban, Mexico YES 2 1 NO Specif	en, Puerto Ric		Specify:	American Indian, hita, etc. Vhite
e as	8	15. DECEDENT'S EDUC	ATION	18a. DECEOE	T'S USUAL OCCU	PATION	16b. F	KIND OF BUSINESS/INDU		VIII CE
or us		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kin life. Do N	d of work done durin OT use retired.)	ng most of working				
ospita thed 1	P.	10th.Grade			Labore	r	A	rundel Ma	ilir	ng Co.
by the hospital or attending be detached for use as the at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						iddle, Malden Surname)		
ad by	BE (William N.	Heilm				tha		laine	es
retained by the hospital or attending 5 should be detached for use as the notified at once.	6	19a. INFORMANT'S NAME (Type/Print) Mr. Charles E. Yo	119+					or, City or Town, State, Zip Co. Md . 2123		
y be		20s. METHOD OF DISPOSITION					Daro	20c. LOCATION — CI		State
ned within 22 woulds after death. Page 6 may be completely filled in by the funeral director, page fial, cremation, or removal.		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemelery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemelery, crematory or other place) 20c. LOCATION — (cher place) 0aklawn Cemetery 20c. LOCATION — (cher place) 20c. LOCATION — (cher								
Page I dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Vania		ME AND ADDRESS OF FA	ACILITY			
death. Pag e funeral dir J.		De (Daniel 1	D. maril							.Md.21230
after death. y the funeramoval.		22 PART I Francisco di conse	(Truste					1 Home,13		
d in by the or removal medical		23. PART I. Entar tha disasses, or c shock, or heart fallure.	List only one cause on	aach line.	DO NOT antar the	a moda or dying, suc	on as cardi	ac or respiratory arre	и,	Approximata Interval Between
y filled ution, o		iMMEDIATE CAUSE (Finei disease or condition	D .							Onset and Deeth
ed within zar. ompletely fille ul, cremation, event, the		resulting in deeth)	Drownin Due to (or As	A CONSEQUEN	E OF):					
executed and comit to bunial, or matic ev	_									
	CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUEN	CE OF):					
physician ne prior to	S	CAUSE (Disease or injury	C							
death certificate attending physiene pri	E	thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUEN	E OF):					
attend rtal H	빙		1							
	1	PART II. Other significent condition	s contributing to death	but not result	ing in the under	rlying cause given in	Pert I.	24a. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS ALABLE PRIOR TO
that the ned by the ith and M any Inje	PHYSICIAN: MEDICAL			_				1 X YES 2 NO	CO	MPLETION OF CAUSE DEATH?
requires been signe of Healt	ME								K	XYES 2 NO
law re as bee Dept. o	ż									
V: The licate has State De item 2	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF OEATH (C	heck only one)		
Intification Str. Str. Str. Str. Str. Str. Str. Str.	YSI	1 🔀 YES 2 🗌 NO	1 - Inpatient 2 - ER/Ou		DA 4 - Nursing	Home 5 - Realdence				
this ce with th		27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year))	INJURY	c. INJURY AT WORK?		CRIBE HOW INJURY OCCU	110	
After this c death with marked,	B	2 X Accident Investigation	6-16-90			YES 2 NO		bject dro		- Marchael
DR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or Item 23:	ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (Sc	pecify)	irm, atreet, ractory,	, опіса	City o	r Town, State)		
DR AT DIRECT HOURS		29e. CERTIFIER	water	Sennest	- F 1/34 5/2		11100			t.,Balto MD
E AZ =	COMPLETED	(Check only	CIAN: To the best of my kno R: On the besis of examinet							
THE HOSPITAL THE FUNERAL filed within 72 1		29b. SIGNATURE AND TITLE OF CONTIFIES			with a spirit					
TO THE HOSPI TO THE FUNER be filed within	H	1011 TE M	eymile			29c. LICENSE NU				onth, Day, Year)
P P ≥ ₹	입	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I			OCME		1 0-	17-9	10

31. DATE FILED (Month, Day, Year)

JUN 1 32. REGISTRAR'S SIGNATURE 9 1990

M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

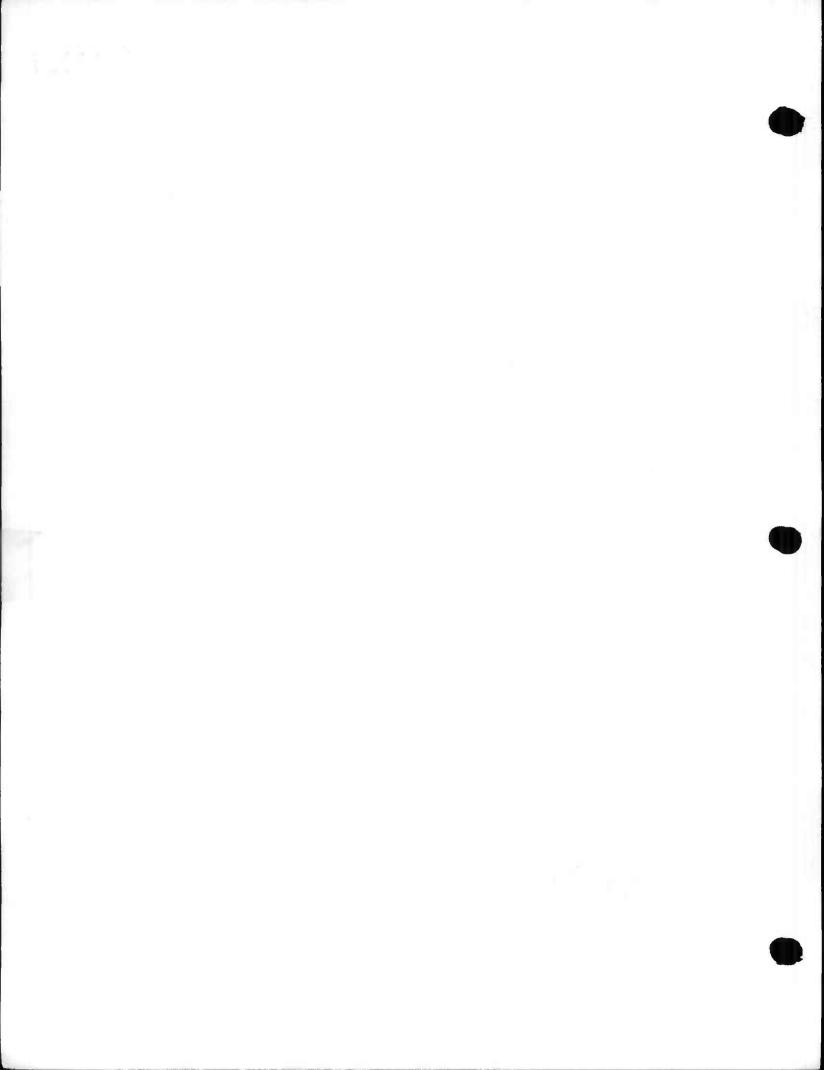
Korell,

Margarita

OHMH-16 Rev 1/89

21201

111 Penn St., Balto., MD



١.	FOR STATE REGISTRAR		STATE	OF I	MARYLAND) / [CE
1. 1	DECEOENT'S NAME (First	, Middle, Last)				
	JOHN	FREDE	RICK	Н	OFFMAN.	
4.	SOCIAL SECURITY NUMB	BER	5. SEX		8 AGE (In we	Inst I

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			KIII	CALE	UF	DEAL	н	REG. I	10.		
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR 3	. TIME OF DEATH
	JOHN FREDER			S	2				June	15 1	1990	М
			(In yrs. lest	VRS.	MONTHS 1	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year 5-18-192	2	8. BIRTHPL Country) MARY	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stre		08		9b. CITY, T	OWN O	R LOCATIO				UNTY OF DEA	
<u>۳</u>	206 S. WOODWELL F						UNDA	-				TIMORE
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND BA	LTIMORE		10c. CITY	r, town or	LOCATE		DALK				Od. INSIDE CITY LIMITS? YES 2 XHO
FUNERAL	100. STREET AND NUMBER 206 S. WOODWELL F	ROAD				101.	ZIP CODE	2122	72	10g. CITIZEN OF WHAT		
5		12. WAS DECEDENT EVER II	N U.S. ARN	MED	13. WA	S DECE	NDENT O	F HISPANIC	C ORIGIN? (Specify	Yes or No-	14. RACE -	- American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	MERCHANT SE	AMAN	o	1 [YES	XX NO	n, Maxican, Specify:	, Puarto Rican, atc.)		Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	18a. DEC	EDENT'S	USUAL OCC	UPATIOI	N t of workin	ia .	16b. KIND OF	BUSINESS/IN	DUSTRY	
	Elementery/Secondery (0-12)	College (1-4 or 5+)	life.	(Give kind of work done during most of working life. Do NOT use retired.)					7.1	- 21	01/ 07/1	TO 0 0
ME	8TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A	1	BRAKEMAN					E (First, Middle, Mail			ER R.R.
	JOHN HOFFMAN								EAGER	en Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	Street an	_		oute Number, City or	Town, State, 2	Ip Code)	
5	MARIE J. HOFFMAN								BALTIM	DRE, I	MARYLA	ND 21222
	MARIE J. HOFFMAN 206 S. WOODWELL ROAD BALTIMORE, MARYLAND 21222 20e, METHOD OF DISPOSITION 1 \[\text{QBuriel 2 } \] Cremation 3 \[\text{Removal from State} \] 4 \[\text{Donation } \] 5 \[\text{Other (Specify)} \] 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) GARDENS OF FAITH CEM. 6-19-1990 BALTIMORE, MARYLAND										n, State MARVIAND	
	21. SIGNATURE OF FUNERAL SERVICE-LICE	NSEE /			22. N/	ME ANI	ADDRES	SS OF FACI	TAL HOME	AT A	WOLLK	7110
	15A	llk			79	22 (WISE	AVEN	JUE DUND	ALK, MI	2	, INC. 1222
	23. Dant 1. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Batween											
	IMMEDIATE CAUSE (Fine)										Onset and Death	
	disease or condition											
_	DUE TO (OR AS A CONSEQUENCE OF):											
<u>o</u>	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									1		
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initieted evente resulting in death) LAST	OUE TO (OR AS A	A CONSEO	UENCE OF):							
H	d.			_			-					
	PART ii. Other eignificent conditione	contributing to death b	out not re	euiting i	n the unde	erlying	ceuse g	given in P		AN AUTOPSY		PERE AUTOPSY FINDINGS
EDICAL						_				2 [] NO	C	OMPLETION DF CAUSE OF DEATH?
≥									_		1	YES 2 NO
Ä												
PHYSICIAN:		HOSPITAL:			OTHER:	28. PL/	ACE OF DI	EATH (Chec	ck only one)			
14S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY	patient 3	26b, TIMI		g Homa 8c. INJU			28d. DESCRIBE HO	W IN ILIBA U	CCUPED	
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ	URY M	1 Y	ES 2	- 1	zeu. DESCRIBE NO	W INJUNT O	CCORED	
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	f — Al hon cify)	ne, Jerm, a	treat, factor	y, offica			281. LOCATION (Str City or Town, St	et and Numb	er or Rural Rou	ite Number,
F	29e. CERTIFIER (Check only	IAN: To the beat of my know	rledge, des	th occurre	d at the time	o, deta s	and place,	, and due to	o the cause(a) and	menner aa ei	tated.	
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in							ath occur	ed at the ti	lme, date end place	and due to	the cause(a) r	and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1420 1 - 14	5.1	1. 14 F			29c. LICE	ENSE NUME	BER	29d. D/	TE SIGNED (A	fonth, Day, Year)
10	- cultura	> Willarda V. Suite 22					DZ	1691	0) (e /15/	90
	30. NAME AND ADDRESS OF PERSON WHO	Baltimore, N			Print)							
	31. ATE FILED (Marth, Day, Year) W. 1. 97 1991	32. REGISTRAR'S SIGN	ATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTRAR
	1. DECEDENT'S NA
	ANDREW
ı	4. SOCIAL SECURIT
	218-03-
	THE JOH
ľ	RESIDENCE C
	MD
ı	10e. STREET AND N
l	1509

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		3	TIME OF DEATH
ANDREW JACK	SON	SR.						JUNE 16		YEAR	1:15 a,m
4. SOCIAL SECURITY NUMBER		S (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	, 1		ACE (State or Foreign
218-03-7105		76	YRS.	MONTHS						VA.	
96. FACILITY NAME (If not institution, give at THE JOHNS HOPKIN)						OR LOCATI				TIMOR	TH E CITY
RESIDENCE OF DECEDENT				BA	TTT	MORE	CITY				
10e. STATE 10b. COUNTY	,		10c. CI	ry, town	OR LOC	CATION				10	Od. INSIDE CITY
MD			E	BALT		ORE,	_	TY			X YES 2 NO
1509 N. LAK	EWOOD AVE					101. ZIP COD 2]	E .213		10g. CITI	U.S.A	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	5 2 N		13.	If yes,		n, Mexica	NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	or No-	Black, \	- American Indian, White, atc. BLACK
15. DECEDENT'S EDUC	CATION	18e. DE	CEDENT'S	S USUAL (OCCUPA	TION		16b. KIND OF BUS	SINESS/IND	USTRY	
(Specify only highest grade Elementery/Secondary (0-12) 4 th	College (1-4 or 5+)	(G tite.	ilve kind of . Do NOT u	work done use retired.,	during i	most of work	ng	BETHLE	HAM	STE	ELE
17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Middle, Meiden			
ANDREW JACKS	0 N	,				ANI	NA P	EARL BRO	WN		
190. INFORMANT'S NAME (Type/Print) OLIVIA JACK	SON							AVE, BAL			ID 21213
20g. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo	oval from State	0b. PLACE	OF DISPO	SITION (A	Vame of	cemetery, crei	natory or	20c. LO	CATION —	City or Town	n, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	UNIC	ויו או ל			AND ADDRE			ועטאפ	NEX,	VIRGINIA
> Gladia	1) ares			WI	М.С	. MA	RCH	F.H. 110)1 E	. NOF	RTH AVE.
23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition		each iine	.				ing, auc	ch aa cardiac or reap	iratory an	rest,	Approximate interval Between Onset and Death
resulting in desth)	DUE TO (OR A										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSE	OUENCE (OF):							
CAUSE (Disesse or Injury that initiated events	C DUE TO (OR AS	A CONSE	OUENCE (OF):							
resulting in death) LAST	d						-				-
PART II. Other significant condition	s contributing to death	but not	resulting	In the u	underly	ing cause	given in				VERE AUTOPSY FINDINGS
								PERFO	1		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_		1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						DI AGE OF	DE AVE.	Last ast as a			
EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3	3 🗆 DOA	OTHE	ER:			8 Other (Specify)			
27. MANNER OF DEATH 1 Neturat 5 Pending	28e. DATE OF INJUR (Month, Day, Yea		28b. TI	-	28c.	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suictde 6 Could not be 4 Homicide determined	28e. PLACE OF INJU		ome, farm	, street, fe				28t. LOCATION (Street City or Town, State		r or Rural Ro	ute Number,
								L			
(Check only	ICIAN: To the best of my kn ER: On the bests of examina										end manner ee stated.
Stand ONTO	nt j					29c. L10	ENSE NU	MOER	29d. DAT	TE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF	DEĄTH (ITE	EM 27) (Tv	oe, Print)		.1 -	- 1	1	, ,	10 /6	
Kenneth Conins	ky, M.D.),4	ns H	pakin.	5	HOSP	iton				·
31. DATE FILED (Month, Day, Year) JUN 1 9 1990 4	32. REGISTRAR'S S	GNATURE									

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O. BO	certificate
<u>.</u>	death
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a
5	OR
_	SPITAL

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 Jurs after death. Page 6 may be retained by the hospital or attending physician.	UNRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used the clean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the Si	IMPORTANT: If Item 28 is marked,	

	1 - FOR STATE REGISTRAR	STATE OF MARY!			HEALTH AND I	MENTAI	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS	JOH	INSON			MONTH	OF DEATH DA	1990	AR 3.	7:30 pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE	OF BIRTH , Day, Year)	6.	BIRTHPL	ACE (State or Foreign
	216-10- 8723									irginia
œ	9e. FACILITY NAME (If not institution, give s				N OR LOCATION OF O			9c. COUNTY		
6	MARYLAND GENERA	L HOSPITAL		BALTI	MORE CITY			BAL	TIMC	ORE CITY
DIRECTOR	10m. STATE 10b. COUNTY	1		Y, TOWN OR LO						d. INSIDE CITY LIMITS?
	Md.,			Baltin	10f. ZIP CODE				_	YES 2 NO
FUNERAL	1102 Druid	HillAve.			2120)2		10g. CITIZEN	USA	AT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			ECENDENT OF HISPAI specify Cuban, Mexica			or No- 14.	RACE - Black, V	- American Indian, Vhita, etc.
ВУ	1 Never Merried 2 Merried 3 # Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specif				Specify:	1-
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUP	TION	16b	KIND OF BUS	INESS/INDUS		ack
	(Specify only highest grade Elamentery/Secondery (0-12)	Completed) College (1-4 or 5+)	(Give kind of s	work done during se retired.)	most of working					
MP										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	?			16. MOTHER'S NA		Aiddle, Malden :	Surname)		
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stre	et and Number or Aural	Route Numi	er, City or Town	r, State, Zip Co	de)	
2	Linnette Harr	is	2565	Zdmone	lson Ave.	Balt	o. Md.	2122	3	
	20a. METHOD OF DISPOSITION	oval from State	other place) Wester	SITION (Name of	Com			cation — city tonsvi		11.000
	21. SIGNATURE OF QUINERAL SERVICE LIC	ENSEE / /	Wedter	22. NAME	AND ADDRESS OF FA					
	· (ral a	date	0	I	step Brot 300 Eutaw	hers Pl.	Funer Balto	al Hom . Md.	e P. 212	A. 17
	23. PART Enter the diseases, or or been fallure	complications that course	d the death. Do r	not enter the	mode of dylng, auc	h sa card	llac or reaple	ratory errest	,	Approximets Interval Between
	IMMEDIATE CAUSE (Final									
	disease or condition reaulting in deeth) a. SEPTICEMIA FUNGEMIA									
	OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate									<u> </u>
SAT	cause. Enter UNDERLYING S/P DISSEMINATED INTRAVASCULAR COAGULATION									
E	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O	F):						
5	resulting in death) CAST	d								-
CAL	PART II. Other significant condition	a contributing to desth	but not resulting	in the underl	ing cause given in	Part I.	24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS WALABLE PRIOR TO
2						1	1 YES 2		0	OMPLETION OF CAUSE F DEATH?
ME						_			1	YES 2 NO
PHYSICIAN: MEDI										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C	neck only or	e)			
ΤΥS	1 TYES 275 NO 27. MANNER OF GEATH	1 ☑ Inpatient 2 ☐ ER/Ou 28s. OATE OF INJURY			ome 5 - Residence	,	r (Specify) CRIBE HOW II	A HIBY OCCUR	E0.	
	1. Natural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?	200. 02.	CHIBE HOW II	NONI OCCOR	Lo	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR	Y — At home, farm,	atreet, factory, o	ffice		ATION (Street o	nd Number or	Rural Rou	te Number,
Ħ	4 Homicide determined	building, atc. (Sp	ecny)			City	or Town, State)			
COMPLETED	CONSCR ONLY	ICIAN: To the beat of my kno	wladge, death occurr	ed at the time,	late and place, end due	to the cer	se(e) end men	ner se stated.		
Ö	one) 2 MEDICAL EXAMINE	ER: On the basis of examinati	on end/or investigation	on, in my opinio	n, death occured at the	time, data	end pleca, en	d due to the c	nuse(e) e	nd manner sa stated.
BE C	29b. SIONATURE AND TITLE OF CERTIFIE	DLV	1		29c. LICENSE NU	MBER		29d. DATE S	IONEO (N	forith, Day, Year)
10	H-TIDAD!) PEY			N/A			6	(11	190
	ANISA ADADA, M.				HOSPITAL					
	31. DATE FILED (Month, Day, Year) JUN 1 9 1990 4	Jandson-A	and a							

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-75 are lated for by the intensity of the continued by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

JUN 19 1990

32. REGISTRAR'S SIGNATURE Pandage

	1 - FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, La	A Jor	don			2. DATE OF DEATH MONTH		3. TIME OF DEATH	
	4 SOCIAL SECURITY NUMBER 219-30-9122A	1 🗌 M 2 🗍 F	(In yrs. lest birthday) 85 YRS.	BIRTHPLACE (State or Foreign Country) N . C .					
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) Liberty Medical Center Baltimore						9c. COUNTY	OF DEATH	
	RESIDENCE OF DECEDENT 106. COL		10c. CIT	Baltime				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	100. STREET AND NUMBER 3333 Spauldi	ing Ave. Bal	Lto.	101.	ZIP CODE 21215		10g. CITIZEN	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED ; 2 NO DATES	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLack	
COMPLETED	15. DECEDENT'S (Specify only highest g Elamentary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATIO work done during mos se retired.)	N st of working	16b. KIND OF BU	ISINESS/INDUST	RY	
ш	17. FATHER'S NAME (First, Middle, Last) Louis Paige					me (First, Middle, Maide) nce Snea			
TO B	190. INFORMANT'S NAME (Type/Print) Mary Simmons	3				e. Balto	. Md.	21215	
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or a left of the place) 20b. PLACE OF DISPOSITION (Name of cometery) 20b. PLACE OF DISPOSITION (Name of cometery) 20b. PLACE OF DISPOSITION (Name of cometery) 20b. PLACE OF								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Walnwright Funeral Home 700 Edmondson Ave. Balto. Md. 21223								
	23. PART I. Enter the diseases, or complications that caused the death. Do/not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Out to joil AS A CONSEQUENCE OF:								
NOI	Sequentially list conditions, if any, leading to immediate								
CERTIFICATION	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in death) LAST								
	that initiated evants	DUE TO (OR AS	A CONSEQUENCE C	OF):					
MEDICAL	PART II. Other algnificant condi	d	but not resulting	in the underlying			RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
MEDICAL	PART II. Other algnificant condi	dtitions contributing to death all Vaslu .tush	but not resulting	in the underlying	ACE OF DEATH (C)	PERFC 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDICAL	PART II. Other algnificant conding to the condinate to the condinate	d	but not resulting	26. Pt. OTHER: 4 Nursing Hom ME OF 28c. Pt.) UURY WO	ACE OF DEATH (C)	PERFO	PRMED? 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conding to the condinate to the c	d. Itiona contributing to death A J A J A J A J A J A J A J A J A J A	but not resulting	26. PI OTHER: 4 Nursing Hom M 1 1	ACE OF DEATH (C) 5	PERFC 1 YES Beck only one) a Other (Specify)	RMED? 2 NO INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condi Condition	d. Itiona contributing to death A J A J A J A J A J A J A J A J A J A	but not resulting John Jo	26. PL OTHER: 4 Nursing Hom ME OF JURY M 1 1	ACE OF DEATH (C) 5 Gesidence URY AT HK? (ES 2 NO and place, and due	PERFC 1 YES 1 YES 2 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yours, State of the cause(a) and means to the cause(b) and means to the cause(b) and	RMED? 2 NO. RIJURY OCCUR (and Number or II)	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO NO RUTH ROUTE Number,	
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condi Condition	d	but not resulting I DOA ripetient 3 DOA Y 28b. Till IN RY — At home, farm, secify) owiedge, death occur tion and/or investigati	26. PL OTHER: 4 Nursing Hom ME OF ME OF Street, factory, office red at the time, date ion, in my opinion, d	ACE OF DEATH (C) 5 Gesidence URY AT HK? (ES 2 NO and place, and due	PERFC 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HOW 281. LOCATION (Street City or Town, State a to the cause(a) and me time, data and place, a	RMED? 2 NO INJURY OCCUR t and Number or to e) enner as stated, and due to the co	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO NO RUTH ROUTE Number,	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burla, cremation, or removal. IMPORTANT: If Nem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	ENTIFICA	AIE UI	DEATH		HEG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	Andrew J.	Kral,	Sr	al		2. DATE MONTI-	OF DEATH	6/16/9	Q. 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMB	ER 5254		E (In yrs. test		UNDER 1 YEAR		7. DATE (Month	OF BIRTH 1, Day, Year) 9	8	Country)	ce (State or Foreign
FACILITY NAME (If not in	d	Manor	N. +	4. H		SVILLE	MTA	d	9c. COUNTY		
10a. STATE Maryland	10b. COUNT	ne Arundel		10c. CITY, TO	OWN OR LOC	Balti	more				I. INSIDE CITY LIMITS? YES 27 NO
100. STREET AND NUMBER 301 Green	land l	Beach Rd.				IOF. ZIP CODE	2122	6	10g. CITIZEN	OF WHA	The state of the s
11. MARITAL STATUS 1 Never Married ZXX 3 Widowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	S 2 N		If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specific	an, Puerto F	17 (Specify Yes Rican, etc.)	or No.— 14.	RACE — Black, W Specify:	American Indian, hita, atc. White
	EDENT'S EDU highest grade		(G)	CEDENT'S USU tive kind of work Do NOT use re	done during i tired.)	TION most of working	16b.	KIND OF BUS	Self E		yed
17. FATHER'S NAME (First, M	iddle, Last)			1100	DEL	16. MOTHER'S NA	AME (First I			_	
Frank	,,		Kr	al		Mar			Α.	S	adilek
Alfred J. K						on Dr.,		ber City or Town			21108
20a. METHOD OF DISPOSIT 1 Burial 2 Cremetic 4 Donation 5 Other	ION on 3 🗆 Ram	oval from State	20b. PLACE other ple	OF DISPOSITIO	ON (Name of	cometery, cremetory or		20c. LO	CATION - City len Bu	or Town,	State
21. SIGNATURE OF FUNERA		SEMBEE SS	GIEL	i naven	22. NAME McCu	AND ADDRESS OF FA	cal H	ome of	Pasad	ena	21122
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heeft fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significa	ent condition	a. contributing to deeti	n but not r	resulting in t	he underly	ing cause given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO AMPLETION OF CAUSE OEATH? YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:		0	26. THER:	PLACE OF DEATH (C	heck only or	10)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident	Pending Investigation	1 Inpetient 2 ER/O 28e, DATE OF INJUF (Month, Day, Yea	Υ		Nursing H	ome 5 Residence NJURY AT WORK? YES 2 NO		er (Specify) SCRIBE HOW II	NJURY OCCUP	RED	
a D autota	Could not be datermined	28a. PLACE OF INJU building, etc. (S	JRY — At ho ipecify)	ome, ferm, stree	ot, factory, of	ffice	281. LOC City	ATION (Street a or Town, State)	and Number or	Rural Rout	e Number,
anal anny	CENTER I	orla	ition and/or	Investigation, i	n my opinion	, death occured at the 29c. LICENSE NU	e time, deta	and place, an	d due to the c	euse(s) ar	nd manner as stated.
31. DATE FILED (Month, Day,	1 9 10	32. REGISTRAR'S S	GNATURE	Broke	,						

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DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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DE	d in	0	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medi
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		FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				_				
		1, DECEDENT'S NAME (First, Middle, Last)		ENTIFICA	ALE OF	DEATH	REG. NO	1.	3. TIME OF DEATH			
	- 1	FRANK	KING	5			MONTH D	- 77 -	EAR CC - 1 A			
l	. 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/ / /	BIRTHPLACE (State or Foreign			
		The Control of the Co	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		7	HOURS MIN.	(Month, Day, Year)	/	Country)			
2		243-68-9185					03/21/	46				
3 should	~ I	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF OR		9c. COUNTY				
2. 3	CTOR	SINAI HOSPITAL BALTIMORE BALTIMOR										
- -	5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY TO	WN OR LOCAT	TION			10d, INSIDE CITY			
Page	AAL DIRE		LTIMORE				WE		LIMITS?			
mi.		10e. STREET AND NUMBER	C/////C/C	0/		I. ZIP CODE	~	T 40 - OUTSTED	1 SEYES 2 NO			
burial-transit permit. Pages			E 0 1.101	DI	2.50	3121	pant	1977				
ransi	NER.	4002 RE157						-	. S.A.			
rial-t	FUN	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2				IIC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc.			
use as the	ВХ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	y:		Specify:			
	ED	15. DECEDENT'S EDUC	1				I		BLACE			
	ETE	(Specify only highest grade	completed)	DECEDENT'S USU (Give kind of work) life. Do NOT use ret	done during ma		18b. KIND OF BU	SIMESS/INDUS	JHY			
1 6	اڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)	110. DO 1101 030 100	100.7							
achec	COMPL											
attending physician and completely filled in by the funeral director, page 5 should be detached ntal Hygiene prior to burial, cremation, or removal. Ty, or other traumatic event, the medical examiner must be notified at once.	8	17. FATHER'S NAME (First, Middle, Last)				7.1	ME (First, Middle, Meider					
	BE	John A. Kir					llie King					
	0	19e, INFORMANT'S NAME (Type/Print)					Route Number, City or Tov		de)			
		Phyllis Arring	con	4102 Oa	aktord	Ave. Ba	lto. Md.	21215				
page st pe		20e, METHOO OF DISPOSITION	20b. PLAC		N (Name of cer	metery, crematory or	20c. LC	DCATION — City	or Town, State			
ector, c		20b. PLACE Of OisPOSITION Donetton 5 Other (Specify)										
al dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
funeral di		Estep Brothers Funeral Home P.A.										
the oval.		1300 Eutaw Pl. Balto, Md. 21217										
d in by th or remove medical		23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, about, or heart failure. List only one cause on each line.										
n. or		IMMEDIATE CAUSE (Finel										
ely fille nation.		disease or condition resulting in deeth) e. CEREBRAL HERNIA TION oue TO (OR AS A CONSEQUENCE OF):										
ompletel I. crema event,		OUE TO (OR AS A CONSEQUENCE OF): CEREBRO VASCULAR DISEASE										
d cor unial.	z		CERE	BRO	UAS	SCUL	AR I	DISE	ASE			
siclan and control to buring traumatic	CATION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR AS A CONS	SEOUENCE OF):								
sicla prior tra	¥.	cause. Enter UNDERLYING										
ing phy giene p	RTIFIC	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A CONS	SEQUENCE OF):								
Hygi	H	resulting in desth) LAST										
ental ental	E											
been signed by the pr. of Health and Me shows any Injure	DICAL	PART II. Other algnificant condition	a contributing to death but no	t reaulting in th	ne underlyin	g ceuse given in		N AUTOPSY PRMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
th an	용	HO E	70H A	+BUS	€		1 YES	2 🗌 NO	COMPLETION OF CAUSE OF OEATH?			
of Heaf	ME	/							1 _ YES 2 _ NO			
sh of												
Dep	AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (Ch	neck only one)	-				
certificate h the State d, or Item	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER:	no 5 🗆 Boaldones	6 Other (Specify)					
the the	PHY	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME OF		JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED			
with		1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	YES 2 NO						
After death s mar	BY	2 Accident Investigation	26e. PLACE OF INJURY — At	home form stree			26f. LOCATION (Street	and Mumber or	Dural Doute Mumber			
after d		3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	terril, street	., motory, unit	••	City or Town, State		time at 1 normal statistics;			
RECTI Ins al												
THE FUNERAL DIRECTOR: After flied within 72 hours after death PORTANT. If item 28 is ma	MPL	TOTAL OTHY	CIAN: To the best of my knowledge,	death occurred at	the time, date	e end piece, end due	to the cause(e) end me	anner ee stated.				
VERAL Nin 72	COM	one) 2 MEDICAL EXAMINE	R: On the basis of examination end/	or investigation, in	ı my opinion, o	death occured et the	time, date end place, e	end due to the c	euse(e) end menner ee stated.			
TO THE FUNERA De filed within 7 IMPORTANT:		29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	IGNED, (Month, Day, Year)			
Filed POF	B	Sant.	Desai					•	6/8/90			
283	2	30 NAME AND ABBRESS OF PERSON WIL	& CCC	TEM 27) (Time Prin	net.	1			1-11			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CUATI DEGAI, SINAI HOSP.

51.	OF	BA	ムナノ	mo	RE

31. DATE FILED (Month, Day, Year) Javidson-Handa

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x robus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DAY	YE	AR	ME OF DEATH
	mala Kap				Jun	e 16,	-		
1. SOCIAL SECURITY NUMBER 12 15 ~ 88 ~ 88 9 1	5. SEX 6. AG		ONTHS DAYS	-	7. DATE OF (Month, 5	1 5/1 6	6. 6	intheLaci	ia
a. FACILITY NAME (If not institution, give s				N OR LOCATION OF D			9c. COUNTY	OF DEATH	
8026 Foxtail	Lane	21061	G1	en Burn:	ie		Anne	Aru	ndel
Da. STATE 10b. COUNT			OWN OR LO					10d.	INSIDE CITY
	ne Arunde	1 0	len	Burnie					YES 2 X NO
De. STREET AND NUMBER	_			101. ZIP CODE	- //		tog. CITIZEN		
8026 Foxtail				21(ndia	
1. MARITAL STATUS Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	ES 2 X NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexico	en, Puerto Ric				mericen Indien, ie, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OF	R DATES	1 D Y	ES 2 X NO Specif	fy:		1	Specify:	ndian
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US (Give kind of work	UAL OCCUPA	TION	16b. K	IND OF BUSIN	ESS/INDUST		
Elamentary/Secondary (0-12)	College (1-4 or 5 +)	fife. Do NOT use n	etired.)						
		Hou	ısewi	fe	-		Hom	e	
. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S NA					
Mohan Lal	Talwar			Shar		Devi	Tal		
m. informant's name (Type/Print) Madan C. Kapur	•			et end Number or Rurel polis Ro		OWie,			15
Da. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem Donetion 5 Other (Specify)	oval from State	20b. PLACE OF DISPOSITI		cometery, crematory or atory,			timo:		
I. SIGNATURE OF FUNERAL SERVICE LI	DENSEE OF	Medio	22. NAME	AND ADDRESS OF F	ACILITY		•		עוויו
George E.	MacNabb			Nabb Fur Freder					D 2122
Gequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events	bDUE TO (OR A	AS A CONSEQUENCE OF):							
PART II. Other eignificent condition	d	h but not reculting in	the underly	ring cause given in	Part I. 2	14e. WAS AN A	UTOPSY	24b. WERI	E AUTOPSY FINDIN
						PERFORM		OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	heck only one)				
EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpatiant 2 ER/0	Outpatient 3 DOA 4	THER:	lome 5 X Rasidenca	8 Other (Specify)			
7. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF INJUI (Month, Day, Yea		ry	INJURY AT WORK?	28d. DESCI	RIBE HOW IN.	JURY OCCUR	ED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (3	URY — At home, farm, stre Specify)	et, factory, o	ffica		TON (Street an Town, State)	d Number or F	Rural Route I	Number,
2 MEDICAL EXAMIN	ICIAN: To the beat of my ki				e time, date e	nd place, end		GNED (Mon	th, Day, Year)
0. NAME AND ADDRESS OF PERSON WI			rint)		760-	9300		, - (/	, ,

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TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detacher al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hosp

	1 - STATE OF MARY		NT OF HEALTH AND I	MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL A LL	CIANO		2. DATE OF DEATH MONTH DA		TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 226-24/88/10M2 = 6. AG	ACE (State or Foreign							
TOR	9a. FACILITY NAME (If not institution, give street and number) Univ. of Maryland A RESIDENCE OF DECEDENT		Baltimor	_	9c. COUNTY OF DEA	тн			
DIRECTOR	MD Baltimore	10c, CITY, TOWN				od. INSIDE CITY			
FUNERAL	100. STREET AND NUMBER 806 Back River Nec	k Rd	101. ZIP CODE 2122	-1	10g. CITIZEN OF WH.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 VI VI IF YES, GIVE WAR OF	S 2 NO	3. WAS DECENDENT OF HISPAN If yes, specify Cubap, Maxica 1 YES 2 1 NO Specify	n, Puarto Rican, etc.)	Black, \ Specify:	- American Indian, Whita, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)	16a, DECEDENT'S USUAL (Give kind of work do. ithe. Do NOT use retire. Owner-Op	ne during most of working d.)	186. KIND OF BUS					
BE COM	17. FATHER'S NAME (First, Middle, Lust) Anthony Luciano			ME (First, Middle, Maiden)			
TO B	Ruth Elsie Luciano, Wife	196. MAILING ADDRI 806 Back	SS (Street and Number or Rural I River Neck R	d. Balto.	n, State, Zip Code) Md. 2122	1			
	1 Donation 5 Other (Specify)	Gardens of F	Name of cometery, crematory or aith Cemetery	Ba	ation — City or Town				
10	21. SIGNATURE OF FUNERAL SERVICE LITTERS I		Bruzdzinski i 1407 Old East			d. 21221			
	23 ART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final								
	disease or condition a. Acute Lymphocytic Leukemia a. Acute Lymphocytic Leukemia Due to (or as a consequence of):								
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death	h but not resulting in the	underlying cause given in	PERFOR	MED?	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDICAL	Renal Pailure 1 Tes 2 Tho Company								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inputent 2 ERV	ОТН				_			
PHYS	27. MANNER OF DEATH 28s. DATE OF INJUI (Month, Day, We	TY 28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK?	28d, DESCRIBE HOW II	NJURY OCCURED				
ED BY	1 Natural 5 Pending Investigation S City or Natural S Could not be detarmined detarmined Natural S Natural								
COMPLETED	29a. CERTIFIER t Check only one) 2 MEDICAL EXAMINER: On the best of my king one) 2 MEDICAL EXAMINER: On the basis of axamine					and manner as stated.			
8	296. SIGNATURE AND TITLE OF CERTIFIER S. A. CHERLE MY	PG4-8		MBER	29d. DATE SIGNED (Worth, Day, Year) B - 90			
10	22 Loute Killer	DEATH (ITEM 27) (Type, Print)	Balti mo	u mar	21301				
	31. DATE FILED (Month, Day, Year) JUNE 1 68 990 July 34 REGISTRANS	GNATURE		l					

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	IMPUBLIANT. II TUMII 20 19 HIGHERO, UL TIONI 10 SHUTE GILL HIGHT, UL CHICL GENERAL COURT, THE TIONE GILL
examiner must be notified at once.	IMPORTANT: If them 28 is marked or them 23 shows any lating, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the host
	DIVISION OF VIIAL NECONDS, T.C. BOX 13149,

	FOR 1 . STATE	STATE OF M					MENTAL HYGIE		20	10/04
_	REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. N	0.		
1	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
	Geraldi	ne			Lee		6-17-9			4:25PM M
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	215 40 3630	1 🗆 M 2X🗀 F	50	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 31,	1940	Country)	MARYLAND
æ	90. FACILITY NAME (If not Institution, give st. 603 Reservoir Str			timore Ci		9c. COU	NTY OF DEAT	H		
2	RESIDENCE OF DECEDENT				201	02111020 03				
0	10e. STATE 10b. COUNTY			10c CIT	Y, TOWN OR LOCA	ION			104	d. INSIDE CITY
DIRECTOR	MARYLAND				BALTIMOR					LIMITS?
FUNERAL	100. STREET AND NUMBER 603 RESERVOIR STR	ŒET			10	21217			ZEN OF WHA	
Ž	11, MARITAL STATUS	12. WAS DECEDENT	FVER IN II S ARE	4EO	13 WAS OF	ENDENT OF HISPAN	IIC ORIGIN? (Specify			
BY FU	1 Never Merried 2 Married 3 Widowed 4 X Olvorced		YES 2 N		If yes, sp		n, Puerto Rican, etc.)		Black, W Specify:	American Indien, hite, etc. BLACK
ED	15. DECEDENT'S EDUC	CATION			USUAL OCCUPATION		16b. KIND OF I	USINESS/IND	DUSTRY	Daton
E	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +	life	Do NOT us	work done during mo se retired.)	est of working				
COMPLET	0-8		'	I	OMESTIC	WORK	PRIVA	TE FAN	II LY	
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid			
	JOHN HENRY F	ITZGERAL	D			WILLI	E MAE G	DIEELN	J	
BE	19e. INFORMANT'S NAME (Type/Print)	TIBOLIGI		MAILING	AOORESS (Street		pure Sumber, City or			
2	MRS. WILLIE MAE	AREY				OOD AVE.				D 21213
	20e. METHOD OF DISPOSITION					metery, crematory or			City or Town,	
	1 Burlel 2 Cremetion 3 Remo	oval from Stale	N PLACE V	AHRI	IRN CEME	TERY 6/	22/90 BA			RYLAND
i	21. SIGNATURE OF EMNERAL SERVICE LIE	ENBEE		TOD	22 NAME A	NO ADDRESS OF FA	CILITY	-		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND									
	23. PART I. Enter the diseases, or complications and caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate									
ļ	shock, or heart failure. List only one cause on each line.									
	disease or condition Dulmonary embolus of left leg									
	disease or condition resulting in death) Pulmonary embolus of left leg									
_ 1										
S	Sequentially list conditions, Deep vein thrombosis OUE TO (OR AS A CONSEQUENCE OF):								+	
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING		7.00		•					
윤	CAUSE (Disease or Injury	c. OUE TO	(OR AS A CONSEC	DUENCE O	Fi:					
Ē	that initiated events resulting in death) LAST				e e					
與		d								+
1	PART II. Other significant condition									ERE AUTOPSY FINDINGS
S	Hypertensive can	rdiovascu	lar dis	ease	; obesit	:y		ORMED?		MILABLE PRIOR TO OMPLETION OF CAUSE
							— KXXX YES	Z NO		F DEATH?
Σ							—		XX	YES 2 NO
z										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF OEATH (C/	heck only one)	Do	sidenc	30
YSI	XNOXYES 2 NO	1 - Inpatient 2		_	4 - Nursing Ho		6 Sther (Specify)			,e
H	27, MANNER OF DEATH	26e. DATE OF (Month, D		26b. TIR	JURY W	JURY AT ORK?	28d. DEŞCRIBE HO	W INJURY OC	CURED	
BY	1 Accident 5 Pending Investigation				M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE C building,	F INJURY Al ho atc. (Specify)	me, farm,	street, factory, offi	ce	28f. LOCATION (Str. City or Town, St		r or Rurel Rou	le Number,
COMPLETED	4 Homicide determined									
ايرا	29e. CERTIFIER (Check only 1 CERTIFYING PHYS.	ICIAN: To the best of	my knowledge, de	ath occur	red at the time, dat	e end place, end du	e to the cause(e) end	menner as sta	rted.	
M	one) MEDICAL EXAMINE									nd menner ee stated.
	296, SIGHATURE AND HTTE OF BERTIFIE	7///				29c. LICENSE NU				Ionth, Day, Year)
H							MOEN	290. UA		-18 - 90
힏	4110	10.001151.5755.5	OF OF THE		- Drive	OCME			0-	10-30
	30 MAME AND ADDRESS OF PERSON WI	O SOMPLETED CAU	OF DEATH (ITE	m ∡rj(ryp	e, crim)					

32 REGISTRAR'S TINAS

111 Penn Street, Baltimore, MD 21201

VC

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zarriburs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
EILEEN E	LINCOLN			MONTH DA	0	м
		rs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
110101331	□ M 2 🔀 F	72 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 5 - 7 - 18	Coun	OKLAHOMA
Howard Co. Gen			lumbia	EATH	He way	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY
MD HOW	ARD	Colun	nbia,			LIMITS?
100. STREET AND NUMBER 11135 WILLOW B	ottom DR		21044		10g. CITIZEN OF	WHAT COUNTRY?
	P. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	S. ARMED 13.	WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 ☐ YES 2 NO Specif	an, Puerto Rican, etc.)	or No— 14. RAC Blac Spe	EE - American Indian, isk, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	Se. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of working		SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	01128/2 1-4	Houseu		ME (First, Middle, Maiden	Home	
	HART		MAN		OLOG T	70
19a. INFORMANT'S NAME (Type/Print)	1,,,,,,	19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
	LINCOLA					Mo 21044
20e_METHOD OF DISPOSITION 1	I from State	ther place) LESTLAW	ame of cemetery, cremetory or		CATION City or 1	svile, Mp
21. SIGNATURE OF EUNERAL SERVICE LICEN	seg.	77	NAME AND ADDRESS OF FA		VIPE IOU	or need to
John letta Le	ad n	10 5 35	SLACK F.H.	E.C. MC	1. 2104	13
23. PART I. Enter the diseases, or com shock, or heart failure. Lis	nplications that caused th	he death. Do not enter				Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS 4)	4	anst			Interval Between Onset and Desth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DE TO (OR AS A CO	an C. Ind	lus (lleri	ind Ding	musi)	
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				
PART II. Other significant conditions of	contributing to death but	TO SOUTH THE PARTY OF THE PARTY OF	nderlying cause given in	Part I. 24s. WAS AN PERFOI	AMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
EXAMINER?	IOSPITAL:	ent 3 DOA 4 Nu				
27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED	
1 Nitural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO	The production live.		
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, fed	story, office	281. LOCATION (Street City or Town, Stete		l Floute Number,
onel	N: To the best of my knowled On the basis of examination e					(e) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFICAL			29c. LICENSE NU			(Month, Day, Year)
Oh 3 C	edim		10021	510	> E/1:	190
30. NAME AND ADDRESS OF PERSON WHO C	CAMPI EYEO CALLER OF DEAT	H (ITEM 27) (Type Print)		×		11
21/4.11	with (1	le uns			•	

N. .

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any or the floating by the trained by the hospital or attending physician.

TO THE FINERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND I	MENTA	L HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) ALBERT	LEAMON LI	NTON				2. DATE MONT June	of DEATH	, 19	yean 90°	3. TIME OF DEATH 12:40 P.M
	SEX 6. AGE (in yrs. last bir 64	thday) IF U	NDER 1 YEAR 'HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monte Aug	of BIRTH h, Day, Year) 4,1	925	6. BIRTHI Country Ark	PLACE (State or Foreign) ansas
9a. FACILITY NAME (If not institution, give street Stella Maris Hos			9b. (TOWS	ON	EATH		Bal		
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Harfor				WN OR LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		1,	Jaire		ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
1902 Devoe Coul	TT	U.S. ARMED	D		21084 ENDENT OF HISPAN				S.A	American Indian, , While, alc.
1 23 marting 2 married	IF YES, GIVE WAR OR D				ecify Cuban, Maxica 2 NO Specify		Mican, atc.)		Specif	
15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	ON (pleted) (ollege (1-4 or 5+)	(Give I life. Do	kind of work d NOT use retir	,	ervisor	I	Advert Dept.	isir	ıa	Army
17. FATHER'S NAME (First, Middle, Last) Albert E. Linto	on	-1092	21.01	عمود	18. MOTHER'S NA Mary I	ME (First,	Middle, Maiden		-110	
19a. INFORMANT'S NAME (Type/Print) Rhonda Kay Ball					nd Number or Rural	Route Num	ber, City or Town			D 21084
20a. METHOD OF DISPOSITION 1 Grant 2 Acremation 3 Removal 4 Donation 6 Other (Specify)	from State I				e Caske Service		20c. LO	CATION C	ity or To	
21. SIGNATURE OF PUNIFIAL DERIVICE LIGENS	tenste	×ni		22 NAME AN 24 S	Harten econd S	iste St.,	in Mo	rtua	ry,	
23. PART I. Infer the diseases, or composition of paint failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ach line.							est,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS							-		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUE	NCE OF):							
PART II. Other significant conditions of	ontributing to death t	out not resi	ulting in th	a undarlyln	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										1 YES 2 NO
	OSPITAL:	petiant 3 🗆		HER:	ACE OF DEATH (Ch					
27. MANNER OF DEATH T Natural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)		66. TIME OF	28c. INJ	URY AT	-	SCRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	/ At home, cify)	, farm, atreet	, factory, offic	•	281. LOI City	CATION (Street or Town, State)	and Number	or Rural F	loute Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAN		rledge, death	occurred at	the lime, data	and placs, and due	lo lhe ca	use(a) and ma			
(Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my know On the basia of axamination		estigation, in	my opinion, d	leath occured at the	time, dat	e and place, ar	d due to the	e cause(a) and manner as stated.
(Orlean Orly)	_		estigation, in	my opinion, d	29c. LICENSE NU		e and place, ar			(Month, Day, Year)
one) 2 MEDICAL EXAMINER: O	On the basis of examination	on and/or Invi				MBER 26	and place, ar	29d. DATE		

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TO BE COMPLETED BY FUNERAL DIRECTOR

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

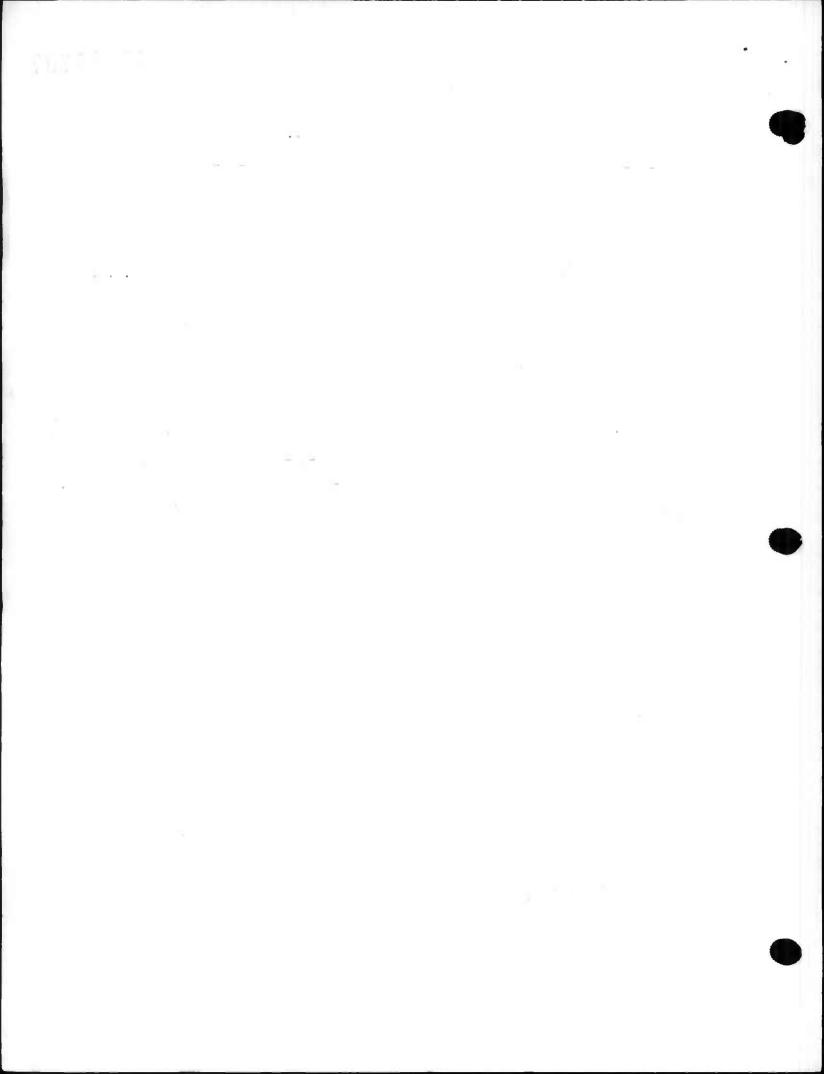
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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OR.	PIO IN	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	
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IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			IME OF DEATH
JOHN	Louis		SAMS	Sr.	6	1 5	199	O .	7:30A M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.1	BIRTHPLAC	CE (State or Foreign
212-44-7736	1,01	4 YRS.	ONTHS DAYS	HOURS MIN.	12-	24-194	5	MA	RYLAND
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE			9c. COUNTY		
Franklin Squa	are Hospita	.1	Ro	ssville	9		Ba1	time	ore
10a. STATE 10b. COUNT			TOWN OR LOCA	TION		:		10d	. INSIDE CITY LIMITS?
MARYLAND			BAL	TIMORE C	ITY			X	YES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE			109. CITIZEN		
1136 MONTPELIE				212				u.s.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X XNO	13. WAS DEC	CENDENT OF HISPAN Decity Cuben, Mexica 3 2 XIV Specify	NIC ORIGIN In, Puario	1? (Specify Yes Rican, etc.)	or No 14.	Black, Wh	American indian, nite, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 _ YES	S 2 (A) Specify	y:			Specify:	VHITE
15. DECEDENT'S EDU (Specify only highest grade	JCATION a completed)	16a. DECEDENT'S U	SUAL OCCUPATION done during me	ON pet of working	16b	. KIND OF BUSI	NESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use	retired.)		1,,	7117416	2 11/27		DATIONO
7TH GRADE	N/A	MAINI	ENANCE					LE I	RAILORS
17. FATHER'S NAME (First, Middle, Lest) WILLIAM LEE SA	ИС			18. MOTHER'S NA					
19a. INFORMANT'S NAME (Type/Print)	VLS	10h MAILING A	ODDESS /Street	and Number or Rural		FELDMA		dal	
JOYCE F. SAMS		THE SHAPE							AND 21218
20g. METHOD OF DISPOSITION	201	PLACE OF DISPOSE	TION (Name of ce	metery cremetory or		V	ATION - City		
1 Buriel 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	novel from State	AK LAWN (CEMETER	y 6-20-1	990	BALT	IMORE	MAT	RYLAND
21. SIGNATURE OF FUNERAL ASTRONGE LI	CENSER		22. NAME A	ND ADDRESS OF FA	CILITY				
	UV			WISE AV					1222
23 PART I. Enter the diseases, pr	complications that cause	d the deeth. Do no							Approximete
shock, or heert fellure. IMMEDIATE CAUSE (Finel	. List only one cause on a	ech line.							Interval Between Onset and Death
disease or condition	Multipl	e iniur	ies						
resulting in death)		CONSEQUENCE OF							
	b								
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:						
ceuse. Enter UNDERLYING CAUSE (Disease or Injury	COUE TO (OR AS	A CONSEQUENCE OF							
that initieted events resulting in death) LAST	DOE TO (ON AS A	CONSEQUENCE OF	•						
	d							-	
PART II. Other eignificent condition	ns contributing to death b	out not resulting in	the underlylr	ng ceuse given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS LILABLE PRIOR TO
						1 💢 YES 2	□ NO		MPLETION OF CAUSE DEATH?
								1 [XYES 2 NO
or the case represents						<u> </u>			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/			<u> </u>		
1 X YES 2 NO	1 Inpetient 2 REP/Out	petiant 3 DOA 28b, TIME		me 5 Residence		er (Specify) SCRIBE HOW II	LJURY OCCUR	IED	
1 Natural 5 Pending	(Month, Day, Year)	INJL	JRY W	ORK? YES 2 TNO					ractor
2 X Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	/ - At home, farm, st		21					Men impa
4 Homicide determined	road road	спу)			Pu]	laski	Hwy.	& C	ontractor
29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death occurre	d at the time, dat	le and place, and dus	1			alto	
	NER: On the beals of examination							ause(a) an	d manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFE	ER			29c. LICENSE NU	IMBER		29d. OATE S	IGNEO (Mo	onth, Day, Year)
	XX			OCME			▶ 6-	-16-	90
30. NAME AND ADDRESS OF PERSON Y		The second secon					241		
Ann M. Dixon,			lll Pe	nn St.,	Bal	lto.,	MD 2	2120	1
JUN 1 9 1990	32. REGISTRAR'S SIGN	- Aandall							



10d. INSIDE CITY

1 YES 2 NO

Md.

Approximata

AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

BAGT.

18

90

21224

Interval Batween **Onset end Death**

STATE REGISTRAR

1 -

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the
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29b. SACHATURE AND TITLE OF CERTIFIER

LARRY

Waterberg.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

WATERBURY

guha bandson-propose

dr.O.

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN June 18, 1990 Claudia McCaulev 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
Sept. 27 MONTHS DAYS HOURS 1 M 2 M 214 12 1879 YRS. 1920 Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (if not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3822 Bayville Road Baltimore Middle River DIRECTOR RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION Baltimore Middle River FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3822 Bayville Road 21220 USA use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 ☐ YES 2 NO Specify: 2 000 1 Never Married 2 Married Specify White ВУ 3€ Widowed 4 □ Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home 11 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) William E. Barrett Claudia O'Daniel notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3822 Bayville Road Baltimore, Maryland 21220 Claudia Boyle pe 20a, METHOD OF DISPOSITION

ABurial: 2 Gremation 3 Gremoval from State 20c. LOCATION — City or Town, Stata
Parkwood
Baltimore County, 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Parwood Cemetery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA Mosses Lack. 1407 Old Eastern Ave. Baltimore. in by the medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disease or condition_ Metastatu odenocorcerana. event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in daeth) LAST 0 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Lymphoustin Leukemia shows any 1 TYES 2 -40 PHYSICIAN: 23 Fpt. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) Hem OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Nome 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 26e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 P Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, etreet, factory, office building, atc. (Specify) 3 Suicida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) .69 0 8 Could not be 4 Nomicide 28 detarmined COMPLET

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

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29c. LICENSE NUMBER

9559

EASTERN

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

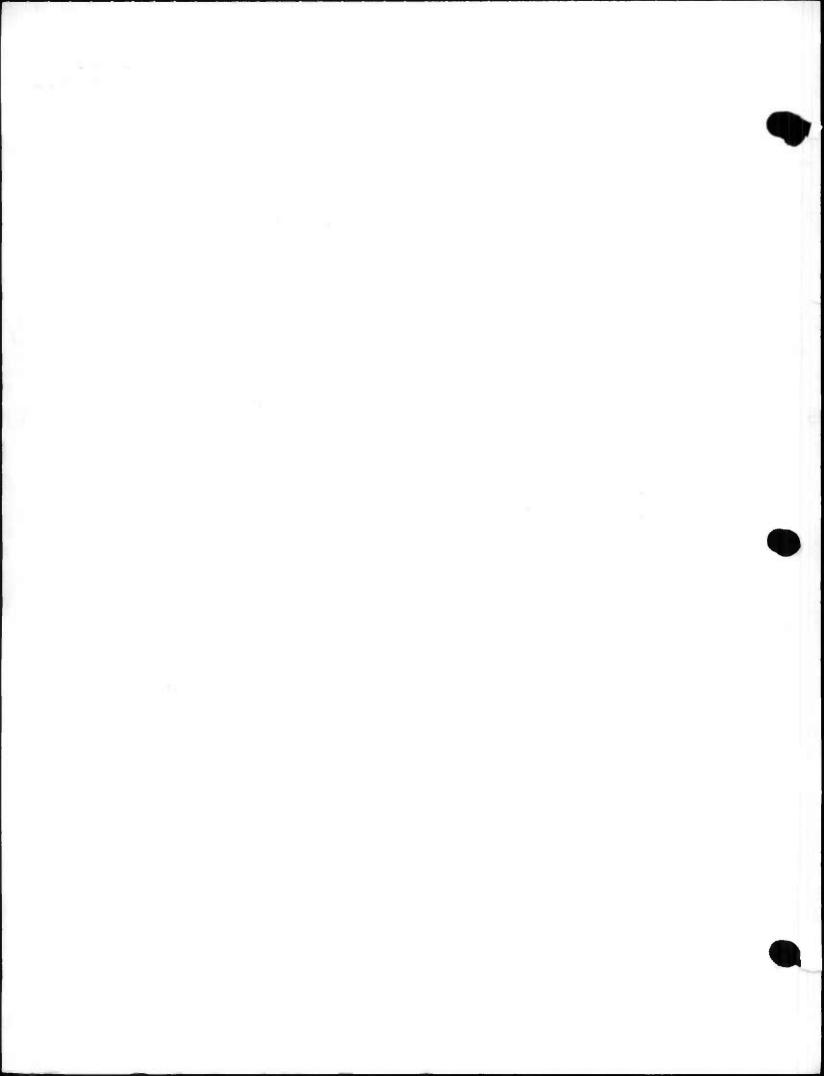
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BALTIMORE, MARYLAND 21203-3146

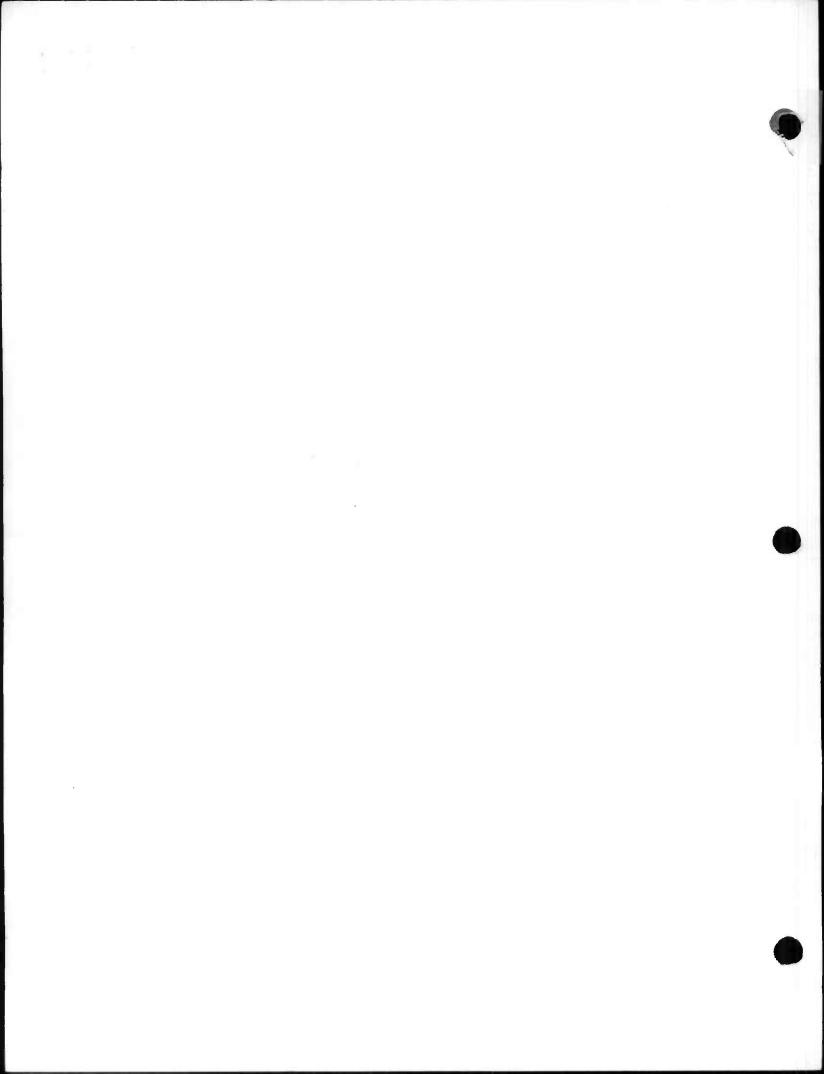
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any many after death with the State heart of Health and Mental Modele prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		MEAD	3. TIME OF DEATH
	HERM	ÍAN	MC	ORTON					JUNE 14.	199	O YEAR	3:52A ™
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER t		IF UNDER		7, DATE OF BIRTH			
	223-24-5187	1√ M 2 F	68	YRS.	MONTHS	DAYS	HOURE	MIN.	10-12-2	2	8. BIRTH Countr	Ϋ́A
	9e. FACILITY NAME (If not institution, give str				9b. CITY, 1	TOWN	OR LOCATION	ON OF DE	ATH	9c. COUNTY OF DEATH		
5	THE JOHNS HOPK	CINS HOSP	ITAL		BAL	TIM	IORE			BAL	TIMO	RE CITY
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Inc CIT	Y, TOWN OR	LOCA	TION					10d. INSIDE CITY
	MD				TIMO			TV				LIMITS?
	10e. STREET AND NUMBER	-		DAL	1 1110		H. ZIP CODI			10g. CIT	IZEN OF V	WHAT COUNTRY?
	742 N. PATTERSO	ON PARK	AVE.				21	205			US	The state of the s
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED					IIC ORIGIN? (Specify Yee	or No-	14. RACE	E — American Indian,
	1 Never Married 2 Merried	IF YES, GIVE W	YES 2 AR OR DATES	NO			S 2 X NO		n, Puerlo Rican, etc.)		Speci	k, White, atc.
١۵	3 Wildowed 4 Divorced										<u> </u>	BLACK
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(0	ECEDENT'S Sive kind of v a. Do NOT us	vork done du			ng	16b. KIND OF BUS	INESS/INI	DUSTRY	
	Elementary/Secondary (0-12) 4 th	College (1-4 or 5+)	EMPL	,)						
5	17. FATHER'S NAME (First, Middle, Last)		011		.0120		16. MOTI	HER'S NA	ME (First, Middle, Maiden	Surneme)		
5	LESLIE MORTON							TTY				
	19e. INFORMANT'S NAME (Type/Print)								Route Number, City or Town			E, MD1205
-	JANETTE MORTON			42 N					K. AVE-B			
	20e, METHOD OF DISPOSITION 1 🔀 Burlet 2 🗆 Cremetion 3 🗆 Ramo 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	20b. PLACE	OF DISPOS	POSITION (Name of cametery, cramatory or N STAR CEMETERY CATONSVILLE, MD.					LE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIQ	ENSEE V			22. N	AME A	ND AOORE	SS OF FA	CILITY			
	of alun L	Nil	har						F.H. 110			RTH AVE.
	23. PART Limiter the diseases, or c ahock, or heart feliure. I				not enter t	the m	ode of dy	Ing, auc	h ee cerdlec or reepi	retory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Auc	HONIA									Onset and Death
	resulting in death)	. /	(OR AS A CONSI	OUENCE O	n:							2 WEEKI
_			RATION									2 WEEKE
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE		•							
5	ceuse, Enter UNDERLYING CAUSE (Disease or Injury		- INFA			TIA	1					Zyears.
	that initieted eventa	DUE TO	(OR AS A CONSI	EOUENCE O	F):							
ָנֻ ק	Total ling in dealing Exist	i										
- 1	PART II. Other algnificent condition	e contributing to	death but not	reauiting	in the unc	deriylr	ng ceuse	given in	Part I. 24a. WAS AN		248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	None								1 □ YES 2			COMPLETION OF CAUSE OF DEATH?
5									_			1 YES 2 NO
ž							H.					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		PLACE OF C	DEATH (Ch	neck only one)			
PHTSICIAN:	1 U YES 2 NO	1 Inpatient 2 28e. DATE OF		3 DOA	4 🗆 Nursi	ing Ho		esidence	6 Other (Specify) 28d. OESCRIBE HOW I	N HARV A	OCIDEO	
	Netural 5 Pending	(Month, D		IN.	JURY	W	IJURY AT YORK? YES 2	NO	WA	NO THUE	CURED	
0	2 Accident Investigation	28e. PLACE O	F INJURY — At I	ome, farm,					28f. LOCATION (Street	and Numbe	er or Rural	Route Number,
COMPLEIED	4 Homicide 6 Could not be determined	building,	atc. (Specify)						City or Town, State)			
4	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of	my knowledge	leath occur	red at the sir	me, det	te end nisce	and due	to the cause(e) end man	ner as ren	ated.	
- IN	(Check only 2 MEDICAL EXAMINE											s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	3		-			29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)
מב	D. PAUL OUR	WERMS.	JUNIOR 1	ESIDEN	T. JAI	4		9 200		•	6/1	4/90
2), PAUL OUR 30. NAME AND ADDRESS OF PERSON WHO						-					, ,
	D. PAUL OURS	Us Roma .	Jolles,	NoPicia	& HOST	0171	12					
	31. DATE JUNE 1 990	file David	R'S SIGNATURE	EL.								



IAN: The law requires that the death certificate be executed within 24 hours uticate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM			IENTAL HYGIENE		
		HEDDEDE N				2. DATE OF DEATH MONTH DAY	YE	3. TIME OF DEATH
	Mays, Herl	HERBERT M	I. MAYS			6/15/19		
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	10-217H 9/21/1948	6. B	BIRTHPLACE (State or Foreign Country)
	212 40 7372	XM2□F 41	YRS.				MA	RYLAND
<u></u>	9a. FACILITY NAME (If not institution, give street a	*			RE, MARY	- 1	9c. COUNTY	OF DEATH
DIRECTOR	FRANCIS SCOTT KEY	MEDICAL CE	NIEK	ALIIMO	KE, FIART	LAND		
RE	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND 10s. STREET AND NUMBER		BALTI		MARYLAND			1 YES 2 - NO
FUNERAL			TMODE MD	1000	21223		USA	OF WHAT COUNTRY?
N I	2115 W. FAYETTE ST					IC ORIGIN? (Specify Yes		RACE — American Indian,
	T Travel mailtes 241 mailtes	WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAY		If yes, spe		, Puarto Rican, atc.)	1 6	Black, White, atc. Specify:
ВУ	3 Widowed 4 Divorced	1965-1967						BLACK
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON oleted)	(Give kind of work Me. Do NOT use re	done during mos	N st of working	16b. KIND OF BUSI	INESS/INDUST	RY
LE I	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	me. Do NOT use re	tired.)				
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	AE (First, Middle, Maiden S	Sumame)	
	GEORGE MAYS				MARGI	E HARRIS MA	AYS	
TO BE	19s. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
F	GEORGE MAYS					EET, BALTII		
	20a, METHOD OF DISPOSITION 1		PLACE OF DISPOSITION Of the place)					or Town, Stata
1	4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	11/	CARRISON		ID ADDRESS OF FAC		GS MIL	LO, MU.
- 1	x11.0/1	(4/N)		ESTE	P BROTHE	RS FUNERAL	-	
\dashv	23. PART I. Enter the discusses, or com-	1/1/4	the Booth Do not			LACE, BALTI		
	shock, or heart fallure List	tonhy one cause on as	ch line				atory arrest,	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Candia	1 0 01	oct.				Criset and Death
	reaulting in death) a	DUE TO (DR AS A	CONSEQUENCE OF):	- 100	1 .0)		
z	b	Conge	CONSEQUENCE OF):	teau	t tail	ure		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
FIC	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
FI	reaulting in death) LAST							
	PART II. Other algnificant conditions co	ontributing to death by	rt not resulting in t	he underlying	cause olven in	Part I. 24s, WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	H/0 IV		t not reading in	no unaonym	g cades giron in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
						1 YES 2	NO	DF DEATH? 1 ☐ YES 2 🖄 NO
2				 .		_		. д д
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	· · · · · · · · · · · · · · · · · · ·		ACE OF DEATH (Che	ock only one)		
YSIG	1 YES 2 NO 1	Inpatient 2 ER/Outpi	itlent 3 DOA 4		e 5 🗆 Residence	8 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r WO	RK?	28d. DESCRIBE HOW IN	JURY OCCUR	ED
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home form etra		YES 2 NO	281. LOCATION (Street a	and Number or 6	Quest Doute Number
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Speci		at, ractory, orne	·	City or Town, State)	no regimber of t	surai riodio ratribai,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	. To the heat of my knowle	ados douth occurred a	t the time date	and place, and due	to the cause(s) and man	ner es stated	
M	one)							ause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	The N	1 110-	77.	29c. LICENSE NUN	IBER	29d, DATE SI	GNED (Month, Day, Year)
O BE	April a	M Sull	In Tool	Jul	DIb	362	D 6	15/90
2	30. NAME AND ADDRESS OF PERSON WHO CO			-		\		
	S. Friedman,		4940	o Eos	tern 1-	tre.		
	6 AUN 1 9 1990	12. REGISTIAR'S SIGNA	The state of the s					



DALIMONE, MANILAND ALGOSTA	Jurs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have been signed by the attendant Horison prior in burial cremation or manner	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13148,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within us after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral control of the following state of death with the State Date of Health and Mental Horiene inforto build creatistion or immoval	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE (F MARYLAN	D / DEPARTI		EALTH AND MI		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	FRAN	CES H.	MOF		2. DATE OF OE MONTH	14 9	OYEAR 3. TIME OF	20 PM
	4. SOCIAL SECURITY NUMBER 069-24-6739 5. SEX $_{1} \square$ M $_{2}\overline{\chi}$			F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	. OATE OF BIR (Month, Day, 5/31/0	Year)	8. BIRTHPLACE (State U.S.A.	or Foreign
TOR	99. FACILITY NAME (If not institution, give street and number FAIRHAVEN 7200 Thir				R LOCATION OF OEAT	RYLAN		OOL	
DIRECTOR	10e. STATE 10b. COUNTY MD. CARROL	L		ESVIL				10d. INSIDE LIMITS	
FUNERAL	10. STREET AND NUMBER 7200 3rd. AV	Ε.				.784		U.S.A.	177
B	1 Never Married 2 Married FORCES	EDENT EVER IN 1 1 YES	NO	13. WAS DEC If yes, sp 1 YES	ENOENT OF NISPANIC offy Cuben, Mexican, 2 NO Specify:	ORIGIN? (Spe Puerto Rican,	etc.)	14. RACE — American Black, White, etc. Specify: WHIT	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)		e. DECEDENT'S US (Give kind of wor life. Do NOT use I HOUSEW	k done during mo etired.)	DN st of working		OF BUSINESS/IND		1
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank Hedley				16. MOTHER'S NAME Emmeline				Pig
10	190. INFORMANT'S NAME (Type/Print) SHIRLEY D'ANDREA		519 B	PALISA	nd Number or Rurel Roo EES BLVD	CRO	OWNSVII	LE,MD. 2	21032
	20a. METHOR OF CISPOSITION 1 Burlal 2 Commation 3 Removal from Sta 4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE	te 20b. Pl	LACE OF DISPOSIT her place) DRUI	D RID	GE CEMET	ERY		City or Town, State VILLE, MD.	21208
	P. H. Butt				JENKINS	49		RK ROAD 2	
	23. PART I. Enter the diseases, or complication shock, pr heart failure. List only on IMMEDIATE CAUSE (Final disease or condition resulting in death)	e cause on each	arres		de of dying, such			Interv	eximate rai Between t and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	LUMON JE TO (OR AS A CO MEN LICK JE TO (OR AS A CO	ONSEQUENCE OF):	onic	vegeta		1 hrs		
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contribute	ng to deeth but	not resulting in	the underlyin	g cause given in P		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTO MAILABLE F COMPLETION OF DEATH?	PRIOR TO N OF CAUSE
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputter	L: t 2 - ER/Outpeti-		OTHER:	LACE OF OEATH (Chec		oclfy)		
ву РНУ		TE OF INJURY onth, Day, Year)	26b. TIME INJUI	OF 26c. IN.			E HÓW INJURY OC	CURED	
	3 Sulcide 28e. Pl	ACE OF INJURY — Ilding, etc. (Specify)	At home, farm, str	eet, factory, offic	•	26f. LOCATION City or Tow		r or Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base								r ae stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER P. AU	МО			29c. LICENSE NUME D344		29d. DAT	TE SIGNED (Month, Day,	Year)
10	30. NAME AND ADDRESS OF PERSON WNO COMPLETE RICHMOND P. Allo				ty Rd.	Elde	ersbur	5 , MD 2	1784

AZ. REGISTRAR & SPORTAGE

31. DATE FILEO (Month, Day, Mar)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	C	ERTIFI	CATE OF	DEATH	REG. NO	D .		
	1. OECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH			3. TIME OF OEATH
	Coores F	MODI OOF				100011111	1.000	YEAR	6.00 D#
	George F.	MORLOCK				June 17.	1990		6:00 P M
		6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	
	217-07-1203 1XXM 2 □ F	82	YRS.	MONTHS DATE	noons with	Feb. 22,	1908	Mar	yland
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF DI			JNTY OF C	
œ									
2	13802 Princess Anne Way			Phoeni	x. 2113		Ba.	Ltimo	re
5	100. STATE 10b. COUNTY		100 CITY	TOWN OR LOC	ATION				10d, INSIDE CITY
2	io. siare		100.011	TOWN ON LOC	Allon				LIMITS?
0	Marvland Baltimore		Pho	oenix					1 TYES 2 NO
7	10e. STREET AND NUMBER			1	01. ZIP CODE				WHAT COUNTRY?
5	13802 Princess Anne Way				21131		U.S	S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS TO 12, WAS DECED	ENT EVER IN U.S. A	- BASED	40, 300, 00	OCHDENT OF WORK	NIC ORIGIN? (Specify Y		44.040	F A
교	1 Never Married 2 Married FORCES?	1 YES 2	NO			in, Puerto Rican, etc.)	88 Ot 140-	Blac	E — American Indien, k, White, atc.
B≺	3 ☐ Wildowed 4 ☐ Divorced	E WAR OR DATES		1 🗆 YE	S 2 NO Specif	y:		Spec	
								<u> </u>	White
ш	15. DECEOENT'S EOUCATION (Specify only highest grade completed)	16a. C	Come kind of we	JSUAL OCCUPAT ork done during r	TION nost of working	16b. KIND OF B	USINESS/IN	DUSTRY	
	Elementary/Secondary (0-12) College (1-4 or	-	fe. Do NOT use	retired.)	noon or working				1
4	12		ne Fit	tor		Beth.	Stee1	Co	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		De FIL	LEI	40 MOTHER O NA	ME (First, Middle, Meide			
		orlock			Roze11	a De	Marti	n	
BE	Flederick The	OITOCK			Rozerz	u be		-11	
	19e. INFORMANT'S NAME (Type/Print)	1				Route Number, City or To			
2	Mary L. Morlock		13802	2 Princ	ess Anne	Way Phoe	nix,	MD.	21131
	20s, METHOO OF DISPOSITION	20h BLAC	E OE DIEDOEI	TION (Name of a	an Determine ventered	. 200 1	OCATION -	Cltu on T	own State
	1,☐,Burial 2 ☐ Cremetion 3 ☐ Removal from State	office	POP DISPUSI	VXVVVXXX	emetery, cremato Ser a	ate Bal	timo		
	4XXDonation A6 Other (Specify)	A W.h	TOTAL VINCE				. LIMOI	.e, r	ш.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	111		22. NAME	AND ADDRESS BEO	x Md.	Stat	te Ar	natomy Board
- 8	In Am John	14		Dipp	el Funera	al Home, I	nc.		natomy Board
	Jan 11 1			7110	Relair I	Road Balt	imore		
	23. PART I. Enter the diseases, or complications t								
				ot enter the n	node of dying, suc	ch es cardiac or rea	piratory a	rreat,	Approximate
	shock, or heart faffure. List only one of			ot enter the n	node of dying, suc	ch es cardiac or rea	piratory a	rreat,	interval Between
	IMMEDIATE CAUSE (Fine)			ot enter the n	node of dying, suc	th es cardiac or rea	piratory a	rreat,	
	iMMEDIATE CAUSE (Finel disease or condition	cause of each ill	ne.	enter the n	Failu	ch es cardiac or rea	piratory a	rreat,	interval Between
	iMMEDIATE CAUSE (Finel disease or condition		ne.	eut	Faller	ch es cardiac or rea	piratory a	rreat,	interval Between
z	immediate cause (Fine) disease or condition resulting in death)	cause of each ill	ne.	ot enter the n	Failer	th es cardiac or rea	piratory a	rreat,	interval Between
NOI	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE/ Sequentielly list conditions,	cause of each ill	EOUENCE OF	ele	Failur	th es cardiac or rea	piratory a	rreat,	interval Between
ATION	immediate cause (Fine) disease or condition resulting in death)	cause of each life for the constant of the con	EOUENCE OF	ele	Failur	th es cardiac or rea	piratory a	rreat,	interval Between
FICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Cause of each life of the constant of the cons	EQUENCE OF	ale	Failer	th es cardiac or rea	piratory a	rreat,	interval Between
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cause of each life for the constant of the con	EQUENCE OF	ale	Failer	th es cardiac or rea	piratory a	rréat,	interval Between
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	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	TO JOH AS A CONS	DEOUENCE OF	ent	Failn	Part I. 24a. WAS	IN AUTOPS)		interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	TO JOH AS A CONS	DEOUENCE OF	ent	Failn	Part I. 24a. WAS	W AUTOPS) ORMED?		interval Between Onset and Death
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EDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	TO JOH AS A CONS	DEOUENCE OF	ent	Failn	Part I. 24a. WAS / PERF	W AUTOPS) ORMED?		interval Between Onset and Death
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EDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing	TO JOH AS A CONS	DEOUENCE OF	n the underly	Failn	Part I. 24a. WAS / PERF	W AUTOPS) ORMED?		b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 26. DATE (Mont)	TO (OR AS A CONS TO (OR AS A	EQUENCE OF	OTHER: 4 Nursing H	Face of Death (come 5 Death (c	Part I. 24a. WAS / PERFI. 1 💥 YES	N AUTOPSY ORMED? 2 NO	7 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO JOH AS A CONS TO JOH AS A	BOUENCE OF TEOUENCE OR TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OR TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENCE OF TEOUENC	26. OTHER: 4 Nursing H. E OF 28c. M 1	Face of Death (c) PLACE OF DEATH (C) DOME 5 TRESIdence NUMBY AT WORK? YES 2 NO	Part I. 24a. WAS / PERFI. 1 💥 YES	N AUTOPSY ORMED? 2 NO V INJURY O	(24)	interval Between Onset and Death Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE (Montr) 29. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best Check only 1 CERTIFYING PHYSICIAN: To the best Check only 1 CERTIFYING PHYSICIAN: To the best Conditions of the conditions of the	to death but not constructed by the construction of the constructi	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing He E OFF M 1 treet, factory, of	Face of Death (c) PLACE OF DEATH (C) DOME 5 TRESIDENCE NOUNTY AT WORK? YES 2 NO flice	Part I. 24a. WAS A PERFI 1 X YES Deck only one) 6 Other (Specify) 28d. DESCRIBE HOV City or Rown, State to the cause(e) end in	UN AUTOPSY ORMED? 2 NO V INJURY O	CCURED or or Rural lated.	interval Between Onset and Death
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	to death but not constructed by the construction of the constructi	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing He E OFF M 1 treet, factory, of	Face of Death (c) PLACE OF DEATH (C) DOME 5 TRESIDENCE NOUNTY AT WORK? YES 2 NO flice	Part I. 24a. WAS A PERFI 1 X YES Deck only one) 6 Other (Specify) 28d. DESCRIBE HOV City or Rown, State to the cause(e) end in	UN AUTOPSY ORMED? 2 NO V INJURY O	CCURED or or Rural lated.	interval Between Onset and Death
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 28. DATE (Mont) 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of Death of Certifier.	to death but not Comparison of the comparison	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing H M 1 Irreet, factory, of	Face of Death (c) PLACE OF DEATH (c) Dome 5 Residence NUMBY AT WORK? YES 2 NO flice ate and place, and du , death occurred at the	Part I. 24a. WAS / PERF- 1 M YES 1 M YES 1 M YES 1 M YES 28d. DESCRIBE HOV 28f. LOCATION (Stree City or Rown, State of the cause(e) and no time, data and place,	IN AUTOPS) ORMED? 2 NO V INJURY Or or and Numb te) Tenner as st end due to	CCURED or or Rural lated.	interval Between Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 28. DATE (Mont) 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of Death of Certifier.	to death but not Comparison of the comparison	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing H M 1 Irreet, factory, of	Face of Death (c) PLACE OF DEATH (c) Dome 5 Residence NUMBY AT WORK? YES 2 NO flice ate and place, and du , death occurred at the	Part I. 24a. WAS / PERF- 1 M YES 1 M YES 1 M YES 1 M YES 28d. DESCRIBE HOV 28f. LOCATION (Stree City or Rown, State of the cause(e) and no time, data and place,	IN AUTOPS) ORMED? 2 NO V INJURY Or or and Numb te) Tenner as st and due to	CCURED or or Rural lated.	interval Between Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 28. DATE (Mont) 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of Death of Certifier.	to death but not Comparison of the comparison	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing H M 1 Irreet, factory, of	Face of Death (c) PLACE OF DEATH (c) Dome 5 Residence NUMBY AT WORK? YES 2 NO flice ate and place, and du , death occurred at the	Part I. 24a. WAS / PERF- 1 M YES 1 M YES 1 M YES 1 M YES 28d. DESCRIBE HOV 28f. LOCATION (Stree City or Rown, State of the cause(e) and no time, data and place,	IN AUTOPS) ORMED? 2 NO V INJURY Or or and Numb te) Tenner as st and due to	CCURED or or Rural lated.	interval Between Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 28. DATE (Mont) 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of Death of Certifier.	to death but not Comparison of the comparison	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing H M 1 Irreet, factory, of	Face of Death (c) PLACE OF DEATH (c) Dome 5 Residence NUMBY AT WORK? YES 2 NO flice ate and place, and du , death occurred at the	Part I. 24a. WAS / PERF- 1 M YES 1 M YES 1 M YES 1 M YES 28d. DESCRIBE HOV 28f. LOCATION (Stree City or Rown, State of the cause(e) and no time, data and place,	IN AUTOPS) ORMED? 2 NO V INJURY Or or and Numb te) Tenner as st and due to	CCURED or or Rural lated.	interval Between Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 28. DATE (Mont) 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of Death of Certifier.	to death but not Comparison of the comparison	BOUENCE OF LEQUENC	26. OTHER: 4 Nursing H M 1 Irreet, factory, of	Face of Death (Come 5 Treatment Andrew Treatment Andrew Treatment	Part I. 24a. WAS / PERF- 1 M YES 1 M YES 1 M YES 1 M YES 28d. DESCRIBE HOV 28f. LOCATION (Stree City or Rown, State of the cause(e) and no time, data and place,	IN AUTOPS) ORMED? 2 NO V INJURY Or or and Numb te) Tenner as st and due to	CCURED or or Rural lated.	interval Between Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last)	,				2. DATE OF DEATH	DAY /	3. TIME OF DEATH
ĺ		ward, M				06/	16 19	0 14 A"
	4. SOCIAL SECURITY NUMBER 577-74-3880	5. SEX 8. AGE	(In yrs. last birthday) IF I		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	meld .	BIRTHPLACE (State or Foreign Country)
	9s. FACILITY NAME (If not institution, give s	treet and number)	96.	CITY, TOWN DR	LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	HOLY CROSS	Hospital		Si/ve	R. Sp.	RING	Moi	utgomery
E	10a. STATE 10b. COUNT	Υ .		WN DR LOCATIO		/		10d. INSIDE CITY
	10e, STREET AND NUMBER	s A	WAS	41N9TC	IP CODE	ζ,	40 - 0/7/1754	YES 2 NO
FUNERAL		TSE		1100	20032		USF	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify n, Puerto Ricen, etc.)		RACE — American Indian, Black, Whits, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES 2				Specify: RIACK
	15. DECEDENT'S EDU		16a. DECEDENT'S USU	AL OCCUPATION		16b. KIND OF	BUSINESS/INDUS	TRY
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	red.)	of working	1100	-0110 h	ument
MP.	//		Custod	IaN		036	500 (7)	OMERI
8	17. FATHER'S NAME (First, Middle, Last)				D	ME (First, Middle, Mai	-	
BE		IONROE			LORIS		Gom G	
임	196. INFORMANT'S NAME (Type/Print)	ROE (ARother		DESS (Street and		Number, City or		4 - A - A - A - A - A - A - A - A - A -
	20s. METHOD OF DISPOSITION	200	D. PLACE OF DISPOSITIO	N (Name of come			LOCATION - City	
	Burisi 2 Cremetion 3 Rem	oval from State	UASHINGTS	-	CEME	Tree S	TLAND	P, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			except the entry by		Eusn	AL HOME
	► 10. A.	Per 2	M859	7617	DA A	J. TOPE	DC 7	0020
	23. PART i. Enter the diseases, or	complications that cause	d tha death. Do not e	entar the mode				t, Approximate
	ahodk, or haart fallure. iMMEDIATE CAUSE (Final	List only one cause on e	each line.			,		Interval Batween Onset and Death
	disease or condition reaulting in death)	. Disserina	ed intrava	scular	Coaqu	lation		12 hours
_		. Thabdomyol	A CONSEQUENCE OF):					12 hours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	D	A CONSEQUENCE OF):	,				
3	cause. Enter UNDERLYING CAUSE (Disease or injury	· alcohol u	inthoramal	Delzui	es			24 hours
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
띩		d						- 1
AL O	PART ii. Other aignificant condition		out not reaulting in th	na underlying	cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음		allure					S 2 ND	COMPLETION OF CAUSE OF DEATH?
ME	Alcohol abus	se.						1 TYES 2 NO
ž		ř						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	THER:	CE OF DEATH (Ch			
₹	1 YES 2 NO	1 Inpetient 2 ER/Out 28s. DATE OF INJURY	patient 3 DOA 4 DOA 4 D			6 Other (Specify) 26d. DESCRIBE HC	W INJURY OCCUR	RED
=	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	K? NO	200. 520011152 116		
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town State)						Rural Route Number,	
	4 Homicide determined building, etc. (Specify) City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(e) and manner se stated.							
8	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as atsted.							
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R ·			29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)
TO B	hleena L.A.	hapul m			D3533	6	6,	16/90
F	DEENA J, SHAPI	on 10.810 (OUNECDOUT		KENSIN	JG-TONI	MD 20	£9 T
ı	31. DATE FILE UN. 20 (90) 199(32. REGISTRAR'S SIGN	NATURE			- 0.4		

15 15/1 2 5+ As Esse Transition

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	они мс к	ENZIE	IV			2. DATE OF MONTH	DEATH DA		YEAR	TIME OF DE	ATH M
	4. SOCIAL SECURITY NUMBER 215-30-7671	5. SEX 1 M 2 D F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, E		2.9,	MAR)	ACE (State of	
TOR	98. FACILITY NAME (If not institution, give a FALLSTON GENER RESIDENCE OF DECEMENT		ITAL			LLSTON	EATH		9c. COUNT	RFOR	a .	
DIRECTOR	MD. BAI	TIMORE	CO.	10c. CIT	Y, TOWN OR LO	CATION			•		Od. INSIDE CI LIMITS?	
FUNERAL	100. STREET AND NUMBER 5445 PATT					101. ZIP CODE 21013			U.	S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W KOREAN	YES 2 1		If yee,	ECENDENT OF HISPAR specify Cuban, Maxica ES 2 NO Specify	n, Puario Ric		or No—	4. RACE — Black, W Specify: WHIT	- American In Whita, etc. TE	ndian,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	UCATION le completed) Collega (1-4 or 5 +	(G	live kind of to . Do NOT us	usual occupy work done during se retired.)	most of working	12250	IND OF BUS	SINESS/INDUS	STRY		
COMF	17. FATHER'S NAME (First, Middle, Last) JOHN STUART MC			LKE	S IDEN	16. MOTHER'S NA		dle, Maiden				
TO BE	19a. INFORMANT'S NAME (Type/Print) MARY O. MC KEN		19			ERSON RD	Route Number,	City or Town		,	3	
	20a. METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Ran 4 Donation 5 Other (Specify)		7	OF DISPOS	SITION (Name of	cometery, crematory or CREMATOR	Y	20c. LO BAI	CATION — CH	ty or Town,	, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				AND ADDRESS OF FA NRY W. J 05 YORK				MD.2	21212	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. alle	ise on each line	esti	Care	node of dying, suc						Imata Between and Death
TION	Sequentially liet conditions, if any, laeding to immediate	b	(OR AS A CONSE									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificent conditio	ens contributing to	deeth but not	reaulting	In the underly	ing cause given in	Part I. 2	4a. WAS AN	AUTOPSY	24b W	ERE AUTOPS	Y FINDINGS
MEDICAL								PERFOR	RMED?	O	MAILABLE PRICE COMPLETION D OF DEATH? YES 2	F CAUSE
ÿ												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATH (Ch						
14S	YES 2 NO	1 Inpatient 2 3		26b, TIN		INJURY AT		,,,,	NJURY OCCU	IRED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D		IN.	JURY	WORK? NO			-			
	3 Suicide 6 Could not be determined 6 Homicide 6 Could not be determined 6 Could not be determined 6 City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
COMPLETED	ampl h -	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.										
TO BE C	29h SHUMATURE AND TITLE OF CERTIFIE	Marino	redere			29c. LICENSE NU	MBER 194		29d. DATE	SIGNED (M	Aonth, Day, Yo	er)
-	RICHARD J	HO COMPLETED CAU	SE OF OEATH (ITE	EM 27) (Type	e, Print) 2	OJ 3 THE	life	heer a p	N	210	34	
	31. DATE FILED (Month of Year) July	J. () di PRIZEMENTIN	A SIGNATURE				0					

BE COMPLETED

2

4 Homicide

					90 16715			
	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR	TMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	JAMES MCCOY			06 15	90 3:44 p M			
	A SOCIAL SECURITY NUMBER	S. SEK SAGE (Ig yrs. Inst Distributy) YRS.	FUNDER 1 TEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MON.	7. DATE OF BIRTH	Maru and			
	Se. FACILITY NAME (If not inattlution, give str	set and numberj	9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COU	NTY OF DEATH			
NO.	THE JOHNS HOPKIN	S HOSPITAL	BALTIMORE CITY	BAL	TIMORE			
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		Y, TOWN OR LOCATION		10d. INSIDE CITY			
E	Md.	7	so Ha.		1 YES 2 NO			
	104 STRUET AND NUMBER	1	10f. ZIP CODE	tog. CIT	KEN OF WHAT COUNTRY			
EB/	X43 (DO	2 byow be	A. 2123	30 10	(, OH			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN7 (Specify Yes or No-	M. HACE - American Indian, Black, White, etc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto rocan, etc.)	6 bot			
	15. DECEDENT'S EDUC (Specify only highest grade of		USUAL OCCUPATION work done during most of working	186. KIND OF BUSINESS/IN	DUSTRY			
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	se retired.)					
	1) FATHER'S NAME (First, Middle, Maden Surname)							
BE	100 INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS (Street and Number or Rural	Route Jumber, City or Town, State, Zi	ip Coc(e)			
10	Joann Mel	100 JAY	by 600 d ward	of teins	14 3/230			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation S Other (Specify)	oval from State 20b. PL CE OF DISPO	SITION (Name of cometery, compatory or	200 EQCATION F	Mity or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	22. NAME AND ADDRESS OF FA		1212,17			
	min	(arrall	1712-14 W	North Hu	Baito Na			
		omplications that caused the death. Do let only one cause on each line.	not anter the mode of dying, auc	h aa cardiac or reapiratory as	interval Between			
	iMMEDIATE CAUSE (Final disease or condition		oll ax		Onset and Death			
	reculting in death)	DUE TO (OR AS A CONSEQUENCE O			5 ninter			
		CRYPTO COCCAL	111		Bules			
o o	Sequantielly list conditions,	DUE TO (OR AS A CONSEQUENCE O						
AT	if any, laeding to immadiete cause. Enter UNDERLYING	AINS			Syecus			
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE O	OF):					
ERTIFICATION	resulting in death) LAST	1						
ū	PART II. Other eignificant condition	s contributing to deeth but not recuiting	in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED				1 TYES 2 NO	OF DEATH?			
Σ.				_				
IAN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C	neck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 - Nursing Home 5 - Realdence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TI		28d. DESCRIBE HOW INJURY O				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	6-15-90 3:4		NOT APPLICA	1848			
8	3 Suicide S Could not be	28e. PLACE OF INJURY — At home, farm, building, ste (Specify)	, street, factory, office	28f. LOCATION (Street and Numb	er or Rural Route Number,			

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

29d. DATE SIGNEO (Month, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIER A9702 RSLERMO

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHLS HOPKINS NOSPITAL BALTINORE, MD. RESIDENT OURSLER

31. DATE FILED (Month, Day, Year)
1 9 1990 32. REGISTRAR'S SIGNATURE . Davidson Randa 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

NOT APPLICABLE

► G/15/90

SHOOT NOT	OF COMPLETED BY DUVELOIMIT MEDICAL CEDITION
examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp

ANDREA

31. DATE FILED (Month, Day, Year)

JUN 19 1990

CORSU

32. REGISTRAR'S SIGNATURE

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) EDWIN BERYL MILLER, SR. 2. DATE OF DEATH MONTH MONTH 6:20 P						
	4. SOCIA PECURIT NUMBER 213-09-4075 5. SEX 5. SEX 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 8. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA						
TOR	98. FACILITY NAME (If not institution, give street and number) FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEMENT						
DIRECTOR	MARY LAND BALTIMORE 10c. CITY, TOWN OR LOCATION DUNDALK 10d. INSIDE CITY LIMITS? 1 □ YES 2XXNO						
FUNERAL	100. STREET AND NUMBER 3002 DUNMURRY ROAD 101. ZIP CODE 21222 U_S_A_						
BY FUN	11. MARITAL STATUS 1 Naver Married 2 1 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No—ti yes, specifly Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, White, etc. 15. Yes, GIVE WAR OR DATES 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No—ti yes, specifly Cuben, Mexican, Puerto Rican, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No—ti yes, specifly Cuben, Mexican, Puerto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No—ti yes, specifly Cuben, Mexican, Puerto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 YEARS HIGH SCHOOL 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) BRICK DEPARTMENT ASSISTANT GENERAL FOREMAN BETHLEHEM STEEL CORP.						
ш	17. FATHER'S NAME (First, Middle, Lest) TONY A. MILLER 18. MOTHER'S NAME (First, Middle, Meiden Surname) ANGELICA MASINI						
TO B	196. INFORMANT'S NAME (TyperPrint) ANGELINE J. MILLER 190. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 3002 DUNMURRY ROAD BALTIMORE, MARYLAND 21222						
	20s. METHOD OF DISPOSITION Burial 2 Grammation 3 Removal trop State						
	21. SIGNATURE OF FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222						
	23-PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): c. oue to (or as a consequence of): d.						
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO						
BY PHY	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Natural 5 Pending 28c. INJURY AT WORK? M 1 VES 2 NO						
60	2 Accident investigation 3 Sulcide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
BE	296. SIGNATURE AND TITLE OF/CERTIFIER 296. LICENSE NUMBER 7 H1 # 4079						
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						

600 NORTH

WOLFE STREET

BALTHIRE, MI

- -II.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the Si	IMPORTANT: If Item 28 is marked, or i	

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF H			YGIENE EG. NO.		
,		Mabel Louise Ma	ettee			2. DATE OF D MONTH JUNE	17, 1990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217–24–2340	5. SEX 6. AGE 1 M 2 X F 87	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B AUG. 14,	902 902	s. BIRTHE Couptry MD.	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give st St. Agnes Hospital	treet and number)		Baltimo	OR LOCATION OF DE	EATH	9c. COI	UNTY OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT M.			, town on Local Baltimore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3300 Benson Avenue		-		21227		10g. Cr	USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 100	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puerto Rican		14. RACE Black, Specifi	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during me	net of working		of Business/IN		
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry A. Embly				16. MOTHER'S NA Carrie B		s, Maiden Surname)		
10 8	Barbara Bazzle				and Number or Rural Drive Balt			(ip Code)	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	nb. PLACE OF DISPOS MeadOW/1dge	Mem. June	20, 1990		Dorsey,		rn, State
	21. SIGNATURE OF FUNERAL SERVICE LIG	ŒNSEE			nd address of fa d J. Ruck		5 Harford	Rd. 2	1214
	IMMEDIATE CAUSE /Float	a. Congoda	A CONSEQUENCE OF	of Fo	ilue	h ss cardiac	or respiratory s	errest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF						
PHYSICIAN: MEDICAL O	PART ii. Other aignificant condition	ns contributing to death	but not resulting i	n the underlyin	g cause given in		PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpetient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch		ectfy)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)		URY W	JURY AT ORK? YES 2 NO	28d. DESCRI	BE HOW INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, secify)	treet, fectory, offi	CO	28f. LOCATIO City or To	N (Street and Numb wn, State)	per or Rural R	oute Number,
COMPLETED	one)	ICIAN: To the best of my kno							and manner as stated.
96	29b. SIGNATURE AND TITLE OF CERTIFIE	nhi	, M.D.		29c. LICENSE NU	MBER Agnes		ATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHE	M.D. St.P	Ignes Hosp		Caton F	que 8	saltimore	, MO	21959
	31. DATE FILED (Morith, Day, Year)	32. REDISTRAR'S SIG	THE SEL						

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death certi	attending	iry, or oth
the death certi	, the attending	Injury, or oth
that the death certi	d by the attending	iny Injury, or oth
res that the death certi	igned by the attending	vs any injury, or oth
equires that the death certi	en signed by the attending	hows any injury, or oth
aw requires that the death certi	s been signed by the attending	3 shows any injury, or oth
he law requires that the death certi	e has been signed by the attending	in 23 shows any injury, or oth
N: The law requires that the death certi	ficate has been signed by the attending	item 23 shows any injury, or oth
ICIAN: The law requires that the death certi	certificate has been signed by the attending	or item 23 shows any injury, or oth
HYSICIAN: The law requires that the death certi	his certificate has been signed by the attending	ked, or item 23 shows any injury, or oth
NG PHYSICIAN: The law requires that the death certi	ter this certificate has been signed by the attending	marked, or item 23 shows any injury, or oth
NDING PHYSICIAN: The law requires that the death certi	3. After this certificate has been signed by the attending	is death with the State Dept. Of realth and methal hyger is marked, or item 23 shows any injury, or other
TTENDING PHYSICIAN: The law requires that the death certi	CTOR: After this certificate has been signed by the attending	28 is marked, or item 23 shows any injury, or oth
DR ATTENDING PHYSICIAN: The law requires that the death certi	DIRECTOR: After this certificate has been signed by the attending	ours after dearn with the State Dept. Of health and welliah hyger tem 28 is marked, or item 23 shows any Injury, or oth
TAL DR ATTENDING PHYSICIAN: The law requires that the death certi	AL DIRECTOR: After this certificate has been signed by the attending	72 hours are dearn with the otate bept, or reality and wental hyper If Item 28 is marked, or item 23 shows any Injury, or oth
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi	NERAL DIRECTOR: After this certificate has been signed by the attending	hin 72 hours after death with the State Dept. Of realist and wental hyper NT: If Item 28 is marked, or item 23 shows any Injury, or oth
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi	FUNERAL DIRECTOR: After this certificate has been signed by the attending	within 72 hours and dearn with the state bept. or health and mental hyper 4TANT: If Item 28 is marked, or item 23 shows any Injury, or other contents.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the following the complete of the co	be high within 72 hours after death with the State Dept. Of results and welligh hybric prior to ourse, cremarch, or relieved. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.	30	
	1. OECEOENT'S NAME (First, Middle, Last)			2. DATE O		0	3. TIME
ĺ	FLOSSIE	M. (OWINGS	б	17 MY 196	YEAR	7:0

	REGISTRAR		0		CAIL	JI DL	-////	n.	EG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) FT.OSSTE	M. OWI	IGS					2. DATE OF D	L 7	90 1 90 0	YEAR	7:00 P. M
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. le:	-4 h / 45 d - 3						1700		LACE (State or Foreign
	214-01-1588	1 M 2 F	93	YRS.	MONTHS DA	NYS HOL	JNDER 24 HRS. JRS MIN.	7. DATE OF B (Month, Day JAN.	(Year)	897	Country)	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR LO	CATION OF DE				TY OF DE	ATH
۳ ا	WESTMINISTER HOUS	SE			В	ALTI	MORE					-
K	RESIDENCE OF DECEDENT											
Ä I	10a. STATE 10b. COUNTY	•		10c. CIT	r, town or L	OCATION					1	10d. INSIDE CITY LIMITS?
DIRECTOR	MARYLAND			E	BALTIM	ORE					13	YES 2 NO
4	10a. STREET AND NUMBER					101. ZIP	CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	524 N. CHARLES ST	REET AP	T. 1618			2:	1201			U	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AI	RMED			ENT OF HISPAN			or No-	14. RACE -	– American Indian, Whita, etc.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	NO			Cuben, Maxicar NO Specify		i, atto.)		Specify.	
	15. DECEDENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL OCCU	PATION		16h KIN	D OF BUSI	INESS/IND		ITIE
	(Specify only highest grade	completed)	(0	Bive kind of v	vork done durir	ng most of	working	100.1011	D 01 0001			1
7	Elementary/Secondary (0-12)	College (1-4 or 5		BOOKK	EEPER			ME	DICA	T SIT	PPLIE	· c
COMPLETED	17, FATHER'S NAME (First, Middle, Last)			3001111	DIJI IJI	16.	MOTHER'S NAI				LLLL	5
	DANIEL WRIGHT					- 1		LIZABE				
H	19a. INFORMANT'S NAME (Type/Print)		16	b. MAILING	ADDRESS (S		umber or Rural F				Code)	
٩	JAMES CONDON						OAD, EL					0/13
	20a. METHOD OF DISPOSITION		20b, PLACE				cremetory or	DIOUTI			City or Tow	
	1 X Burial 2 Cremetion 3 Remo	oval from Stata	LÖÜ	DON I	PARK C	EMET	ERY		BALT	TIMOF	RE, M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 4/				DORESS OF FAC					
	Lusselle	ande	fer		LER	O EDI OY M	MONDSO!	N AVE.	CATO C. WI)NSV1 [TZKE	E FUN	MD. 21228 ERAL HOME
	23. PART I. Enter the disasses, or o	omplications th	at caused the d	esth. Do r	ot sntsr th	s mods o	of dyling, such	n as cardiac	or respir	ratory an	rest,	Approximats
H	shock, or heart failure. IMMEDIATE CAUSE (Final	List only ona ca	use on sach lin		0	-1	0		0 -			Intarvsi Between Onset and Death
1	disease or condition resulting in death)		611	1.090	20 68	tie	Hes	eare	Zine	Role	10	102/25
	resulting in death)	DUE TO	OR AS A CONS	OUENCE O	F):			000		-		
z	O	b										
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	EOUENCE O	F):							
2	causa. Enter UNDERLYING CAUSE (Disease or Injury	C	O (OR AS A CONSE									
	that initisted events resulting in death) LAST	OUE TO	OR AS A CONSE	EOUENCE O	F):							
8	Totaling in county and	d										-
	PART II. Other significant condition	s contributing to	daath but not	resulting	in tha unda	rlying cs	use given in	Part I. 24s	. WAS AN			WERE AUTOPSY FINDINGS
EDICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								''	_ 1E3 2	□ NO		OF DEATH?
Σ		·	_					-				1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF OEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER? 1 LIVES 2 NO	HOSPITAL:	☐ ER/Outpatient	2 [] DOA	OTHER:		. /		na alfal			
4	27. MANNER OF DEATH	28a. DATE O		28b, TIN		c, INJURY	-	8 Other (Sp. 28d, OESCRI		JURY OC	CURED	
	1 Matural 5 Pending	(Month,	Day, Year)	IN	JURY M	WORK?	2 🗌 NO					
À	2 Accident Investigation 3 Suicide & Could not be		OF INJURY At h	oma, ferm,	street, factory	, office		28f. LOCATIO		nd Numbe	r or Rural Ro	oute Number,
COMPLETED	4 Homicide 8 Could not be detarmined	building	, atc. (Specify)					City or 10	own, State)			
=	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best	of my knowledge, o	feeth occurr	ed at the time	data and	place, and dua	to the cause(s	and man	ner as sta	ted.	
N N	forest only											and manner as stated.
8	29b. SIGNATURE AND TITLE OF PERTURE	-	. 11									
BE	17/11/	12 4	1cl n	m	19	29	C, LICENSE NUI	090		And. DAT	KIL	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CO	IBE DE DEATH	FM 27) (5-	Drine!	1	0 6	0/5			0//0	5/90
	A. NELSON McKAY	M.D.	413			TH A	VENUE,	CATONS	VILL	E, MI	0. 2	1228
	31. DATE FILES ON DE YEAR 100	2. REGISTE	AR'S SIGNATURE	Page								-
	- 100	A Thomas to										

BALTIMORE, MARYLAND 21203-3146

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

	REGISTRAN		CENTI	FICALE	OF D	CAIR	h	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	NUCLICUT					2. DATE OF MONTH	DEATH DAY	100	YEAR 3.	TIME OF DEATH
	MYRTLE I. PI				,		(0) /	4 -	70	10/J/m
	4. SOCIAL SECURITY NUMBER 218-12-4624		IGE (In yrs. last birthda) 88 YRS.	MONTHS		OURS MIN.	7. DATE OF 1	BIRTH L 7, 19	902		YLAND
	9e. FACILITY NAME (If not institution, give	reet and number)		9b. CITY,	TOWN OR L	OCATION OF D	1			TY OF DEAT	н
OB	BALTIMORE COUN	TY GENER	AL HOSP.		BAL	TIMOR	E			TIMO	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100.0	HTY, TOWN OF	LOCATION					100	d. INSIDE CITY
DIRECTOR	MARYLAND BA	LTIMORE	100.0		TIMO						LIMITS? VES 2 NO
FUNERAL	100. STREET AND NUMBER 5715 VAN DYKE	ROAD				1206				S . A	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	ES 2XXIO	If	yes, specify		NIC ORIGIN? (Sean, Puerto Rica		or No	Black, W	American Indien, Phite, etc. WHITE
TED	15. DECEDENT'S EDUC (Specify only highest grade		16e, DECEDENT	of work done du	CUPATION uring most of	f working	16b. KII	D OF BUSI	NESS/INDL	JSTRY	
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA		use retired.) IEMAK	ER			I NWC	HOME		
S	17. FATHER'S NAME (First, Middle, Last)	2122			16	MOTHER'S N	AME (First, Midd	le Malden S	(urnama)		
	CHARLES HART					KATE		io, mecon c	0.11017107		
BE	19e. INFORMANT'S NAME (Type/Print)	<u>-</u> -	19b. MAILE	NG ADDRESS	(Street and i	Number or Rura	Route Number,	City or Town,	State, Zip	Code)	
٩	PATRICIA BROD	OWSKI (D					OAD, 1				
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISF other place) PARE	WOOD	CEM	ry, crematory or ETERY				MORE	, MD.
	21, SIGNATURE OF PHERAL BEHVICE LIC	enter >		S CI	HIMU	NEK F BREHM	UNERAI S LANI	L HOI	MES,	INC	D. 21213
CERTIFICATION	23. P.HT I. Enter the disease or condition. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR DUE TO (OR	AS A CONSEQUENCE	OF):							Approximate Interval Between Onset and Deeth
	PART II. Other algnificant condition	a contribution to doe	th but not reculting	a la tha usa	danista a a	anna atmailt	- Control or	a. WAS AN A			
: MEDICAL	HTW, 6	5 / h = =	te goa		aerrying c	ause given ii		PERFORM	AED?	An Co	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL				26. PLAC	E OF DEATH (C	check only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetient 3 🗆 DO	OTHER	1:	142-2411	6 Other (S	nacilly)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJU (Month, Day, Y	JRY 28b. 1		28c. INJURY WORK	Y AT	28d. DESCR		JURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, farr (Specify)	n, street, facto		2 NO	28f. LOCATIO	DN (Street ar fown, State)	nd Number	or Rural Rou	te Number,
E											
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exemi									nd manner as stated.
BE C(29b. SIGNATURE AND TITLE OF CERTIFIER	PIN			25	oc. LICENSE N	UMBER 777	П	29d, DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (7)	ype, Print)	OAL	12 51	الالا	0211	177	14	10
	C.KAV	1 MU, 1	5(hH,1	CAN	VHILL	JTVW.	N, M	V ZII	ردد	•	
	JUN 1 9 1990	Julia David	SIGNATURE PROPERTY								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamburs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache find within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Irem 28 is marked, or Irem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNI	IMPORTAN

	FOR STATE REGISTRAR	STATE OF MARY				EALTH AND N	MENTAI	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATN	-		3. TIME OF DEATN
- 1	JASPER	PORTE	?				MONT	14	1	990	8:50 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthd			IF UNDER 24 HRS.		OF BIRTH		B. BIRTNI	PLACE (State or Foreign
	223 07 2286A	1 € M 2 □ F	78 YR	B. MONTHS	DAYS	HOURS MIN.		14,19	12		TH CAROLINA
	9a. FACILITY NAME (If not institution, give si	· ·		9b. CITY	r, TOWN C	R LOCATION OF DE				NTY OF DE	
8	4908 Whitfield Ch	napel Road			Lanh	am			Pri	ince	George's
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	100	CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR		CE GEORGES		ANHAM							LIMITS? 1 TYES 2 NO
	10e. STREET AND NUMBER	DE GEORGES		MINIME		ZIP COOE			10a, CITI	IZEN OF W	HAT COUNTRY?
A I	4908 Whitfield Ch	namel Road				20706			ידמוו	TED S	STATES
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13.		ENDENT OF NISPAN				14. RACE	American Indian.
	1 Never Married 2 Married	FORCES? 1 YE				city Cuben, Mexical 2 XNO Specify		Rican, atc.)		Specif	, White, atc.
BY	3 Widowed 4 Divorced									В1	.ack
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDEN (Give kind	of work done	during mo	N st of working	16b	KIND OF BUS	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		T use retired.)			1,	10VING	_TD A %	ICDAD	·m
ğ	17. FATHER'S NAME (First, Middle, Last)		IRUCK	DRIV	LK	16. MOTHER'S NAI				1010N	.1
ö	CHARLIE PORTER					MAGGIE		AITH	Surnannoj		
8	19a, INFORMANT'S NAME (Type/Print)		19b, MAIL	ING ADDRES	S (Street a	nd Number or Rural F			n. State. Zic	Code)	
2	MILDRED JONES	SISTER	490			ELD CHAPI					20706
	28a METHOD OF DISPOSITION		20b. PLACE OF DIS				DD I		CATION —		
	12 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20790	LINCOLN	MEMOI	RIAL	CEMETERY	Ÿ	SUI	LAND	, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ID ADDRESS OF FA					
	Mer S. O	my h	M-859		ALEXA 2617	NDER S. Pennsylv	POPE	FUNE	RAL	HOME	20020
	23. PART I. Enter the diseases, or o										Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cause on	each line.			`					Interval Between Onset end Death
	44.	Acute my	cardial	dise	ase						
	rosaling in accum,	DUE TO (OR A	S A CONSEQUENC	E OF):							
Z	Sequentially list conditions,	a chronic n	nyocardi	al di	seas	9.					
Ĕ	If any, lasding to immediate cause, Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENC	E OF):							
일	CAUSE (Disease or Injury that initiated events	cDUE TO (OR A	S A CONSEQUENC	E OF):							1
CERTIFICATION	resulting in death) LAST	4									
		0.								T	
PHYSICIAN: MEDICAL	PART II. Other significant condition	is contributing to deeth	n but not reaulti	ing in the u	inderlyin	g csuse given in	Part I.	24s. WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	None							1 TYES 2	NO IX		OF DEATH?
×											1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF OEATH (Ch	neck anhi o	201			
<u>S</u>	EXAMINER?	HOSPITAL:	cutnetlant 2 P DV	OTHE	R:	e 5 X Residence					
¥	27. MANNER OF DEATH	28a. DATE OF INJUR	7Y 26b	TIME OF	28c. IN.	URY AT	v	SCRIBE HOW	INJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Yea	lr)	INJURY M		YES 2 NO					
D BY	2 Accident investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU- building, atc. (S		rm, atreet, fa	ctory, offic	•		CATION (Street or Town, State		or or Rural I	Route Number,
	4 Nomicide datarmined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of my kn	nowledge, death oc	curred at the	time, date	and place, and due	to the ca	use(s) and ma	nner as sta	nted.	
MO		ER: On the besis of examine	ation and/or investi	gation, in my	opinion,	leath occured at the	time, dat	and place, a	nd due to t	the cause(s	a) and menner as stated.
Ö	296. SIGNATURE AND TITLE OF CERTIFIE	m Deputy Me	edical E	xamin	er	29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
00	Sa Rich	1 Oge	ce 2	D.	2	D0997	5		•	6/15	5/90
2	36. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	OEATH (ITEM 27)	(Type, Print)		ill Min					
1	John S. Rogers,	M.D., 1919	Seminar	y Roa	d, S	ilver Spi	ring	MD	20910)	
	31. DATE FILE MAN, DE BOT 1990	32 REGISTRAR'S S	IGNATURE								
	~ 0 1000	, January ac	M - B - B-								

	1 - STATE REGISTRAR	SIAIE UF IMA	RYLAND / DEF CERT	ARTMENT IFICATE				ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	*					2	DATE OF DEATH	v	YEAR	3. TIME OF DEATH
	ROLAND E. I							June 1=		90	11- PM
			AGE (In yrs. lest birtho	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	
	007-01-9002	1 🗆 M 2 😾 F	72 YR	S.		1	J	JAN.30,1	918	MAI	NE
	9a. FACILITY NAME (If not institution, give street			9b. CITY	r, TOWN O	R LOCATIO	N OF DEAT	Н	9c. COU	NTY OF D	EATH
5	13427 TAMARACK I	ROAD		SIL	VER	SPI	RNG		MON	rgom	ERY
EC	10e. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION				1	10d, INSIDE CITY
DIRECTOR	MARYLAND MONTGO	OMERY	S	ILVER	SP	RING	•			1	LIMITS?
	10e. STREET AND NUMBER		1 -			ZIP CODE					VHAT COUNTRY?
FUNERAL	13427 TAMARACK F	ROAD			2	0904			UNI		STATES OF AMERICA
5	11. MARITAL STATUS	12. WAS OECEDENT E						ORIGIN? (Specify Yes	or No-		— American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 THE IF YES, GIVE WAR				ecify Cubar 2 X NO		Puerto Rican, etc.)		Speci	
	3 Widowed 4 Divorced			1							CASIAN
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDER	NT'S USUAL Of of work done OT use retired.)	during mo	ON at of working	9	18b. KIND OF BU	SINESS/INI	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		12-23				OIL HE	TOTA	10 0	OMDANY
ME	1.2 17. FATHER'S NAME (First, Middle, Last)		REPA	IRMAN		10 MOTH	IEDIO MAME	(First, Middle, Meiden		NG C	OMPANI
ö	EDMOND POISSON							LOUISE L		יי א ד כ	ਸ
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRES	S (Street a			ute Number, City or Tow			
2	BLANCHE POISSON			E AS						,	
	20a. METHOD OF DISPOSITION		20b. PLACE OF DIS				atory or	20c. LO	CATION —	City or To	wn, State
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	al from State	ST. JO	SEPH	CEM	ETER	Y	BID	DEF	ORD.	MAINE
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22.	NAME AN	D ADDRES	S OF FACIL	LITY			
	> m 00		00					FUNERA			
	23. PART I. Enter the diseases, or co	mplications that o	aused the death					IRGINIA			Approximata
	shock, or heart failure. Li	et only one cause	on each line.					-25 K-	-		Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	antive	60-	uf	f.	:/10	20			6 mo
	resulting in death) a.	DUE TALO	R AS A CONSEGUENCE	E OF):	, /- (1	1 (-1)		-		6 7-10
z			4	rteri	neal	eroi	tica	ardiovas	14/2	rale	0200 10 VYS
α					2261					CIL	
Ĕ	Sequentially list conditions, if any, leeding to immediate	DUE TO (U	AS A CONSEQUENCE	E OF):	0261					ans	
ICATIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		= N							<i>a</i> 13	
TIFICATION	If any, leeding to immediate cause. Enter UNDERLYING		R AS A CONSEQUENCE								
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		= N		<i>V3</i> 6 1						
AL CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUENC	E OF):				art I. 24e. WAS AN	AUTOPSY		. WERE AUTOPSY FINDINGS
NAL N	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENC	E OF):					AUTOPSY RMED?		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anyour after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has find within 70 hours after death with the State Deat of Health and Mental Hydiene prior to busial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR	DIRE	tem
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	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN REG. NO	E	
- {	1. DECEDENT'S NAME (First, Middle, Last) Nick, Paul	Nick	(nmn)	Paul		2. DATE OF DEATH O	(17/9	3. TIME OF DEATH 2:10 A M
3	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	6,	BIRTHPLACE (State or Foreign Country)
	288-03-1388	1 🔀 M 2 🗆 F	82 YRS.			(Month, Day, Year) 11/17/	07	Őhio
OR	9a. FACILITY NAME (If not institution, give: Union Memorial			1	vn or Location of D ltimore Ci		9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	· ·	100 00	Y, TOWN OR LO	VATION			10d, INSIDE CITY
E		nne Arunde		,	verna Pa	nk		LIMITS?
4	10e. STREET AND NUMBER	THIC MI GITA	21		101. ZIP CODE	LIK	10g, CITIZEN	OF WHAT COUNTRY?
RA	302 Pine Circ	·le				146	Day of the same	JSA
S	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
В	1 Never Married 2 Married 3 Married 4 Divorced	FORCES? 1 X YE IF YES, GIVE WAR OR WW I	DATES	If yes	, specify Cuban, Mexic YES 2 X NO Speci	an, Puerto Rican, atc.) fy:		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. DECEDENT'S		ATION most of working	18b. KIND OF BU	SINESS/INDUST	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT L	rae retired.)				
MP	12th		Pol	ice Of				Police Dept.
8	17. FATHER'S NAME (First, Middle, Last)				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	AME (First, Middle, Malden		
BE	Joe Paul					known to		
0	19a. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000			Route Number, City or Tow		
	C. Mona Ours							MD 21146
	1 Burial 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	novel from State	other place)	Crema	tory, Ir	nc. Ba	ltimo	or Town, State re, MID
	George E.	·		Cre	mation S	ociety o	f Md.	, Inc.
MEDICAL CERTIFICATION	ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	b. En Control of All	A CONSEQUENCE OF A CONS	thy on CA	-	1 Part I. 24a. W-S AN PERFO	RMED?	Interval Between Onset and Death 3 Honths 1 Honths 2 Haths 24b. Were autopsy findings and Lable prior to completion of cause of death? 1 yes 2 The
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C			
HYS	1 YES 2 (D/NO 27. MANNER OF DEATH	1 Dimpitlent 2 ER/O	Y 28b. Til		Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
	1 Netural 5 Pending	(Month, Den Yyar	7) 16	JURY	WORK?			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI	RY — Al home, ferm, pecify)	street, factory,		281. LOCATION /Street City or Town, State		Rural Route Number,
COMPLETED	20a CERTIFIER							
MPI	(Check only CERTIFYING PHYS	SICIAN: To the peat of my kn						
8	2 /		mun and/or investiget	ron, in my opini	1			ause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	no Apri	7/1h2		N/A	JMBER	29d. DATE S	GNED (Month, Day, Year)
	ADAM DORES OF PERSON W). Union M	LMOY) L	tonte	1218.0	nir. Pkny	Be	H., MO. 21218
	JUN 1 9 1990	July Davidson	SHEEDE	1	7	1	(

ARTHUR DESCRIPTION OF THE PROPERTY OF THE PROP

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2± flows after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burilla, certainion, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
JUN 1 9 1990

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE OF STAT	F MARYLAND / D		MENT OF H		MENTAL HYGI REG.				
	1. OECEDENT'S NAME (First, Middle, Lest) VINCENT ANTHONY PALAIA		1			2. DATE OF OEAT MONTH JUNE		FAR	1ME OF DEATH 2:35 A	M
	4. SOCIAL SECURITY NUMBER 5. SEX 164-18-8563 1 🛣 M 2	6. AGE (In yrs. last b		NF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You 1-28-	nr)	Country)	E (State or Foreign	
OR	9a. FACILITY NAME (if not institution, give street and number VA MEDICAL CENTER)		PORT H	R LOCATION OF DE OWARD	ATH		9c. COUNTY OF DEATH BALTIMORE		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE		10c. CITY,	TOWN OR LOCAT	INDA LK				. INSIDE CITY LIMITS?] YES 2 [X NO	
FUNERAL	100. STREET AND NUMBER 2500 GRAYMANOR TERRACE		101. ZIP CODE 21222					10g. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OEC FORCES? IF YES, G	TO THE SECOND SE	:0	13. WAS OEC	ENOENT OF HISPAN lelity Cuban, Maxican 2 NO Specify	n, Puerto Rican, ato	y Yes or No- 14	14. RACE — American Indian, Stack, Whita, atc. Specify: WHITE		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 11TH GRADE N/A	16a. DECE (Give We. D		1		BUSINESS/INDUSTRY IN Marietta TICAL DEPATE				
SE COMPL	17. FATHER'S NAME (First, Middle, Last) FRANK PALATA		-111-5		JEN	ME (First, Middle, Mi	ilden Sumame) ICE			
10 8	190. INFORMANT'S NAME (Type/Print) EDNA A. PALATA	2	500 (GRAY MA	NOR TERRA	ACE BA	LTIMORE,	MAR	. /	220
	20e METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	CEM. 6-20	1990		E, MA	RYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	woher.		DÜDAER 19	ICK FUNER 22 WISE A	KAL HOME VENUE DI	OF DUND UNDALK,	ALK, MD	INC. 21222	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.								Approximate interval Betwee Onset and Dea	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	E TO (OR AS A CONSEOU								
CAL	PERFORMED? 1 YES 2 NO OF D							RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	is	
NAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (Ch	ack only one)				
PHYSICIAN: MED	1 ☐ YES 2 ☑ NO 1 ☑ Inpetters 27. MANNER OF DEATH 26s. DA	2 ER/Outpetient 3	DOA 28b. TIME	OF 28c. IN.			OW INJURY OCCU	RED		-
ED BY F	1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not be determined determined Accident Suicide 6 Could not be determined Determined Suicide Suicid						Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basi								4	
B B	29b. SIGNATURE AND TITLE OF CERTIFIER		estigation	, at my opinion, c	29c. LICENSE NUN		29d. DATE S	SIGNED (Mo	rith, Day, Year)	-
2	[

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any mount feath. Page 6 may be retained by the intending physician.

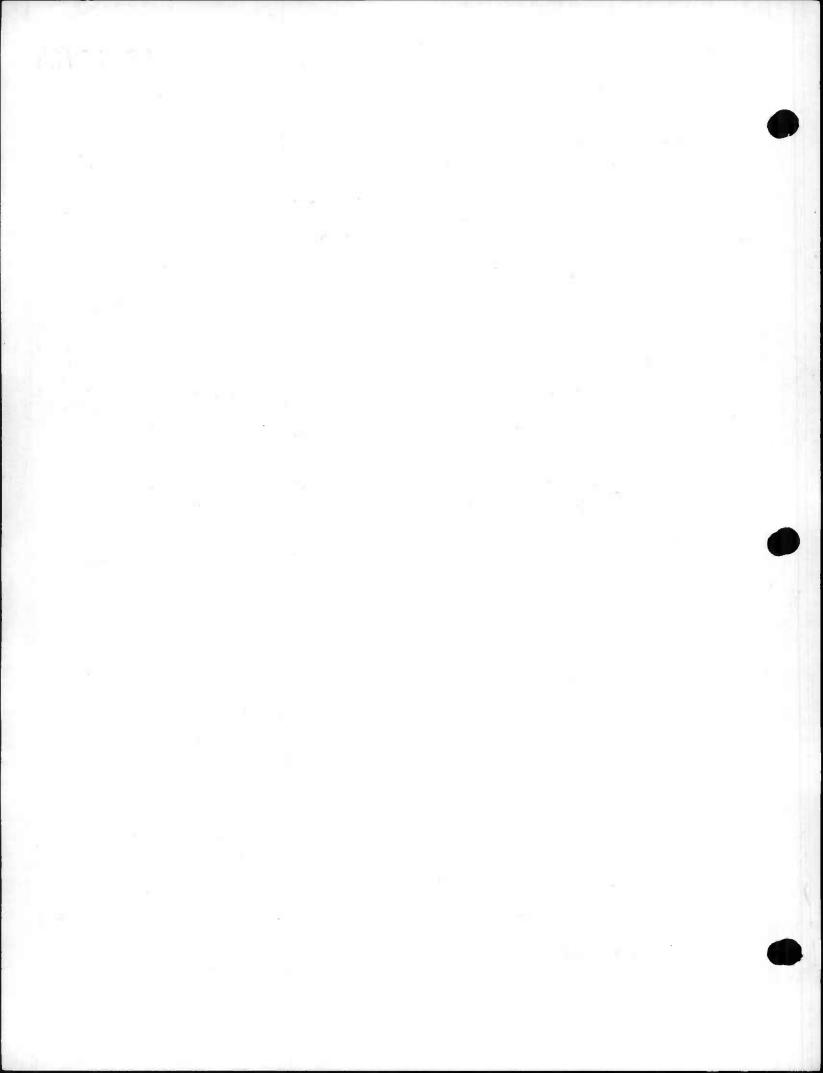
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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FOR

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Leet)	FLORENCE	M PEED			2. DATE OF OEATH	DAY	YEAR S 10 A M	
								BIRTHPLACE (State or Foreign Country)	
ron	90. FACILITY NAME (If not institution, give MERCY HOSPI				TIMORE	EATH		Y OF OEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MD.	y	10c. Cr	TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 VES 2 NO	
FUNERAL	600 LIGHT ST.,		101	2123	30		U . S . A.		
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 ANO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, stc.)	Yes or No— 14	4. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementery/Secondary (0-12) N/A		(Give kind of life. Do NOT u	S USUAL OCCUPATION work done during mouse retired.)	ON st of working	Sile Tire, Ex	BUSINESS/INOUS	TRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE F. AKEI	RS			STATE OF THE PARTY OF	ME (First, Middle, Maid Y ANN SCI			
TOB		(NEPHEW)	84	431 AVERY	RD., BA	Route Number, City or	MD. 2	1237	
	20a. METHOD OF DISPOSITION VC Burial 2 Cremation 3 Rem 4 Donetion 5 Officer Specify)	noval from State	other place of disposition of the place of t	OON PARK	netery, crematory or	В	ALTIMOR		
	SCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Baltimore, Md. 21213								
	23. PART I. Enter the diseases, or ehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause on List only one cause on a	eech line.				spiratory arrea	Approximate interval Between Onset and Deeth Hdays	
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Myocar Due to (or As a. diabetes Due to (or As	A CONSEQUENCE CONSEQUENCE CONSEQUENCE	A forc 4				Y's Y's	
DICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. STroke - 73 0.90 1 YES 2 AND						24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 2 10	HOSPITAL:	utostient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b. Til	ME OF 28c. INJ	URY AT HRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	ee, ferm, street, factory, office 28f. LOCA City o			OCATION (Street and Number or Rural Route Number, try or Town, State)		
COMPLETED	onel	SICIAN: To the best of my kn ER: On the basie of examina						i. cause(e) end manner ea atated.	
8	296. SIGNATURE AND TITLE OF CERTIFIE	Wile	MD	29c. LICENSE NUMBER			29d, DATE SIGNED (Month, Day, Yea 6 17 190		
2	John	HO COMPLETED CAUSE OF	Mercy	MOSPIT	tal, 3	oist Pa	ul P/	, Ball, MD	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	2					



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

i	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTA				YGIENE			
j	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		4 00		TIME OF DEATH
	RAYMOND F. ROT	Н				MDNTH (D	14	90	AR	1428 m
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTI F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH F UNDER 25 HRS. F UNDER 25 HRS. F UNDER 25 HRS.									CE (State or Foreign
										LAND
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH									н
DIRECTOR	Union Memorial	Hospital	Baltimore City -						-	
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI									I. INSIDE CITY LIMITS?	
급	MARYLAND BALTIMORE 1 1 YES								YES 2 XNO	
								OF WHA	T COUNTRY?	
FUNERAL	6117 MOYER AVE	•			21206			U. S	S. A	1.
5		12. WAS DECEDENT EVER IN U FORCES? 1X XYES	J.S. ARMED		ENDENT OF HISPAN			or No 14.	RACE Black, W	American Indian, hite, etc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES					Specify:T	HITE
	15. DECEDENT'S EDUCA	WWII	80. DECEDENT'S US	IIAL OCCUBATIO	· Al	100 KINE	05 9110	I INESS/INDUST	· BV	
=	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of work	k done during mos etired.)	at of working	TOD. KING	01 903	INESS/INDOS	nı	
7	N A	NA	LITHOG	RAPHER	}	PI	RINI	ING (0.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	NA I			18. MOTHER'S NAI	ME (First, Middle	, Maiden S	Surname)		
BE C	CHARLES ROTH				CATH	ERINE	DON	HAUSI	ER	
	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural F					
2	ANNABELLE ROTH		6117	MOYER	AVE., B	ALTO.	, М.	D 212	206	
20a_METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)									State	
4 Donetton 5 Dotter (Specify) GARDENS OF FAITH BALTIMORE, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE		SCH IM	IUNEK FI	CILITY UNERAI	L HC	MES.	INC	
	Man 2	fuil		3331	BREHMS	LANE,	, BA	LTO.	MI	21213
	23. PART I. Enter the diseases, w co	omplications that caused to		antar tha mo	da of dylng, auc	h aa cardlac	Dr respli	atory arrest	,	Approximate Interval Between
l	IMMEDIATE CAUSE (Finel		_	^						Onset and Death
	disease or condition resulting in death)	, rumon	Ary Ed	lema						
	disease or condition resulting in death) e. Full on rary Edem a Due to (or as a consequence of):									
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
Ā	if any, leading to immediate cause. Enter UNDERLYING	Para	"I	00						
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	ACE.						
CERTIFICATION	resulting in death) LAST		9 0							
	DATE II Only a should need any distance	and the standard stands to				nort Inc				
MEDICAL	PART II. Other significant conditions	contributing to deeth but	t not resulting in	the underlying	g ceuse given in	Part I. 24a	PERFOR		AV	RE AUTOPSY FINOINGS ALLABLE PRIOR TO
ă						10	YES 2	NO	OF	DMPLETION OF CAUSE DEATH?
E						—			11	YES 2 NO
ä	25. WAS CASE REFERRED TO MEDICAL			00 00	ACE OF DEATH (Ch					
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	_					
14S	1 TYES Z'S NO 27. MANNER OF DEATH	1 Nopetient 2 ER/Outpet	28b. TIME (ury at			JURY OCCUR	ED	
	∱⊠ Natural 5 ☐ Pending	(Month, Day, Year)	INJUF	WO WO	YES 2 NO	Zou. DEGorni	SE 11011 11			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, str			281. LOCATIO	N (Street a	and Number or	Aurai Aout	te Number,
Suicide a Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only or it) 20 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
29e. CERTIFIER 1° CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
MP	CONSULT OF THE STATE OF THE STA	R: On the basis of examination							euse(e) ei	nd manner es stated.
									onth. Day. Year)	
8	Adriana Uni	, cooler my	REM 1	101				▶ 6 -		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	Print)						
	201 E. Univers	ity BLUD	BALTIN	rore 1	10010	1/8				
	31. DATE FILED JUN 1 9 1990	32 AEGISTRAPS, SIGNA	TURN Sandatt							
	1 2011 1 3 1336	2000 SIGNATURE								

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7.0. DOY	The law requires that the death certificate b
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HECOMOS,	requires
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7	PHYSICIAN:
DIVISION OF VITAL	SPITAL OR ATTENDING PHYSICIAN: TI
=	S
_	PITAL

FUNERAL within 72 IMPORTANT: If

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Mary Jane RYAN 1990 3:17 PM MARY JANE, 7. DATE OF BIRTH (Morith, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS -36-D12 1 - M 2 KF 40 Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and nu-9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 1 YES 2 X NO **Baltimore** Hydes Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit 12424 Regwood Road 21082 12. WAS DECEDENT EVER IN U.S. ARMED retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. ORCES? 1 YES 2 YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: White ВҰ 3 Widowed 4 Divorced 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Clerical Balto. Gas & Elec Co 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Meiden Sumame) Ħ Mary Theresa Timmerman <u>John Joseph Dippel Sr</u> BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12424 Regwood Rd. Hydes, MD. 21082 2 Ms. Shawn Ryan after death. Page 6 may be pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20e. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State must 17 Buriel 2 Cremation 3 Re Cemeterv Joseph Fullerton .MD 21. SIGNATURE OF FUNERAL SERVICE DEENSE examiner 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 7110 Belair Road Baltimore. medical Enter the diseases, or complications the caused the shock, or heart fallure. List only one cause on each fire eath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate hock, or heart fallure. completely filled Ir IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ VTERUCOCCUS SEPSIS OUE TO (OR AS A CONSEQUENCE OF): resulting in death) or other traumatic event, signed by the attending physician and con Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING OF LUNG / CHEMOTHERAPY CAUSE (Disease or injury that initiated events reaulting in death) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1XXYES 2 40 OF DEATH? 1 TYES 2 NO has been s Dept. of H PHYSICIAN: 26. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL ltem. certificate h HOSPITAL: OTHER: 1.5 Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 THO me 5 Residence 8 Other (Specify) marked, or 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 1 Natural 5 Pending 1 YES 2 NO After t BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 69 ED DIRECTOR: hours after Item 28 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated.

29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 LOUTINOR HABIB GHADDAR

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end manner ea stated

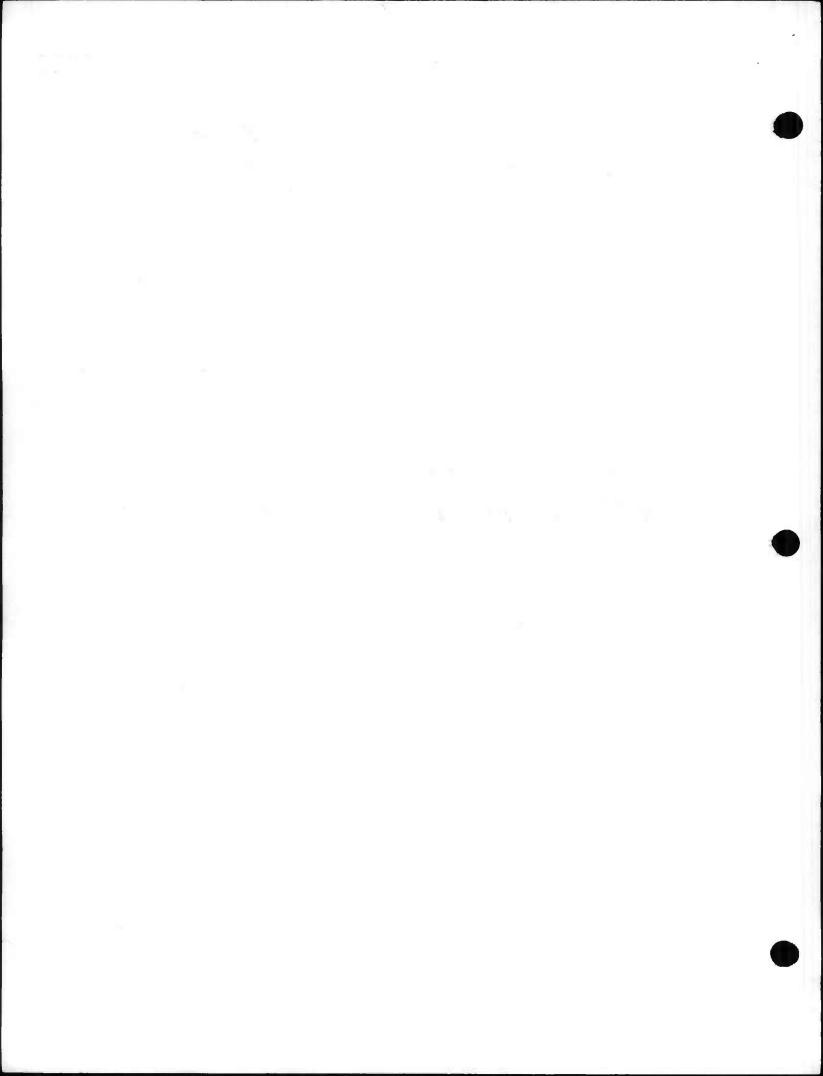
29c. LICENSE NUMBER

th, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER

(Check only one)

32. REGISTRAR'S SIGNATURE Fulla Davidson Rondo



Approximate Interval Batween Onset and Death

Pages 1, 2, 3 should

DIRECTOR

E	4	10e. STREET AND NUMBER	<u>-</u>			101. ZIP COOE		10g. C	ITIZEN	
usit p	ER,	323 Candry Ter	race			2122	1		U	
al or attending physician. for use as the burial-transit perm	BY FUNERA	11. MARITAL STATUS 1 Never Married 2 Married 1 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 1988, specify Cuban, Mexican, Puerto Ricen, etc.) YES 2 XNO Specify:				
attending ise as the	9	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	JAL OCCUI done durin	PATION og most of working	18b. KINO OF	BUSINESS/II	NOUSTI	
the hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re Cool				Hospi	tal	
3 E S	BE CON	17. FATHER'S NAME (First, Middle, Last) John Wesle	y Dorton			18. MOTHER'S NAM Talia		Jane)	
ge 5 should ne notified	TO B	19a. INFORMANT'S NAME (Type/Print) Gladys Renfro,	Daughter	19b. MAILING AD	Dandr Candr	reet end Number or Rural R ry Terrace	Balto.	Town, State, Md.	Zip Cook 21	
Page 6 may be il director, page ner must be		26a. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	HOPIN HILL	Ner Mer	of cometery, crometory or norial Gard	ens 200	altim		
death. funera		21. SIGNATURE OF FUNERAL SERVICE LIC	ensee unddown	6	Bri	me and adoress of fac 12dzinski F 17 Old East	uneral l			
equires that the death certificate be executed within 24 ho en signed by the attending physician and completely filled of Health and Mental Hygiene prior to burlal, cremation, or hows any injury, or other traumatic event, the m	MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final	a. Pneumonia DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS C. DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): but not resulting in t	he under		Part I. 24a. W	S AN AUTOPS RFORMED?		
N 6 8 a	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1馬 inpatient 2 □ ER/Out		THER:	28. PLACE OF DEATH (Che)		
도 왕동 등	BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 284	c. INJURY AT WORK?	28d. DESCRIBE H		OCCURE	
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State Ditem 28 is marked, or item		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, streenfy)	et, factory,	office	28t. LOCATION (S City or Town,	treet end Numi State)	ber or R	
= 24 E	COMPLETED	need only	ICIAN: To the best of my known in the basis of examination							
TO THE HOSPIT TO THE FUNER De filed within IMPORTANT:	TO BE C	296. SUBMATURE AND THE OF CERTIFIE	5 864	10/		29c, LICENSE NUM	BER		ATE SIG	
	ř	Peter Lopresti.				Drive Balt	imore.	Md. 21	237	

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											90	16727	
FOR STATE REGISTRAR		STATE OF N			TMENT (MENTAL HYGIEN REG. NO.	E		7 600 8	
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH		YEAR	3. TIME OF DEATH	
Gladys		STOVEF	2						6 - 13 -		TEAM	7:15 n	
4. SOCIAL SECURITY NUMBER 5. SEX 8. AG			B. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH	2000		IPLACE (State or Foreign	
449 14 1988		1 🗌 M 2 📉 F	81	YRS.	MONTHS [DAYS	HOURS	MIN.	Marin Chi 429	1909	مريد	aho	
9a. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY, T	OWN C	R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF D	EATH	
Franklin	Sq. Ho	spital			Ro	SSV	rille			Ba	ltimore		
RESIDENCE OF DEC				_									
Moneyal and	10b. COUNTY	timore		10c. CIT	Y, TOWN OR		ION					10d. INSIDE CITY LIMITS?	
Maryland	Dari	CIMBre			1100	CA						1 YES 2 X NO	
10e. STREET AND NUMBER				10f. ZIP COOE 10g. CIT				IZEN OF	WHAT COUNTRY?				
323 Cand	ry Ter	race		21221			21		USA	1			
11. MARITAL STATUS		12. WAS DECEDEN							or No-		E — American Indien, k, White, etc.		
	Married	IF YES, GIVE V	YES 2 X					n, Mexica Specifi	in the state of th				
3 Widowed 4 Dive	orced											, WILLOC	
	EDENT'S EDU		(0	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			10	18b. KINO OF BUSINESS/INOUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5	iife	Do NOT u					We emited				
10	,			CC	ook				Hospital				
17. FATHER'S NAME (First, A			21						ME (First, Middle, Meiden				
John	Wesle	ey Dorto	n				1	alia	atha Jar	ne		3	
19a. INFORMANT'S NAME (D 1 k	-19	b. MAILING	ADDRESS (Street e	nd Number	or Rural I	Route Number, City or Town	n, State, Zi	Code)	22	
Gladys Re	niro,	Daughter		26	cano	ry	rerr	ace	Balto.,	PBCL •	2120	31	
26a. METHOD OF DISPOSIT LA Burlal 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE		SITION (Normal				dens Ba			own, State Co., Md.	
		CENDEE		7								*	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA								
Minu	1407 Old Eastern Ave. Bolto Md 21221							(d 21221					

cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. DUE TO (DR AS A CONSEDUENCE OF): d.		
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in P Atherosclerotic Cardiovascular Disease	art I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☒ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chec.	k only one)	

EXAMINER? 1 YES 2 NO	MOSPITAL. UTREN:					6 ☐ Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig			28b. Till	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could r 4 Homicide determi		28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, ferm,	street, fac	tory, office	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only 1 CERTIFYING	PHYSICIA	N: To the best of my knowledge, o	death occur	red at the	time, date and place, and due	to the ceuse(e) end menner se stated.					

296	Check only	1 🗌	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) end menner se stated.
	nnel		EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) end menner ee s
			The second of th

HATTIME AND JAYCE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8640

ter Lopresti. M.D. 9000 Franklin Square Drive Baltimore.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	10	1	1
	1	5	
	10	ν.	
/			

	1 - STATE O	F MARYLAND /		ENT OF H		MENTAL HYGIEN) (10120		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY						3. TIME OF DEATH		
	Dorothy 0.		SORGEN			2121	1990	YEAR	10.35 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII MONTHS DAYS HOURS MIN. (Month, Day.							BIRTHPLACE (State or Foreign Country)			
	229-12-2521 1 M 2 😾	- 07	YRS.	OUTY TOWN O		DEC. 9, 1		VIRG]			
œ	FRANKLIN SOUARE HOSPIT		96. CITY, TOWN OR LOCATION OF DEATH ROSEDALE					9c. COUNTY OF DEATH			
2	RESIDENCE OF DECEDENT	AL						Baltimore			
DIRECTOR	100. STATE 100. COUNTY MARYLAND BALTIMORE		10c. CITY, TOWN OR LOCATION BALTIMORE					10d. INSIDE CIT			
	10a. STREET AND NUMBER		21121		ZIP CODE		10g. CITIZ		I YES 2 X NO		
FUNERAL	8934 PARLO ROAD			2	1236		U.S.A.				
S.	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. ARM		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes, Puerto Rican, alc.)		14. RACE -	- American Indian, White, etc.		
ВУБ		VE WAR OR DATES	0		2 X NO Specify:		Ι,	Specify. WHITE			
	15. DECEDENT'S EDUCATION	16a. DEC	CEDENT'S USU	IAL OCCUPATION	N	16b. KIND OF BU			-		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of the control	Alfa.	re kind of work Do NOT use re	done during mot tired.)	st of working	200 111 20					
MP	N/A N/A	HOUS	EWIFE			HOME					
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Sumame)				
BE	EDWARD O'ROURKE	19h	MAILING AD	DRESS (Street a	FLORENC	OUTE BYER Route Number, City or To	um State 7in	Codel			
2	VICTOR I. SORGEN (HUSB					MORE, MAR			36		
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State	20b. PLACE C	OF DISPOSITIO	ON (Name of cen	netery, crematory or	20c. L	OCATION — C	City or Tow	n, Stata		
	4 Donallon 5 Other (Section)	ØEDAR	HILL	CEMETE			INGTO	N, VI	IRGINIA		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//			DADDRESS OF FACTOR		TNC				
	(Sente H. Tolong)	5							YLAND 21236		
	23. PART I: Enter the diseases, or complications shock, or heart fellure. List only one	that caused the date cause on each line.	sth. Do not	snter the mo	ds of dying, such	h as cardisc or real	piratory am	est,	Approximats interval Between Onset and Death		
	iMMEDIATE CAUSE (Final disease pr condition	noie							Onsst and Death		
	resulting in death) a. Sensis DUE TO (OR AS A CONSEQUENCE OF):										
N	sequentially list conditions, M. any leading to immediate										
ATI	and the state of t										
잂	CAUSE (Disease or Injury that initiated events	g Cancer	UENCE OF):						1		
CERTIFICATION	reaulting in death) LAST										
AL C	PART ii. Other aignificant conditions contributing	g to death but not re	sulting in t	he underlying	cause givan in		N AUTOPSY		WERE AUTOPSY FINDINGS		
SCA						PERFO	2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
ME									1 TES 2 NO		
ä			_					\perp			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			THER:	ACE OF DEATH (Che						
HYS		2 ER/Outpatlant 3 E OF INJURY	28b. TIME O		o 5 🗆 Rasidenca	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCC	URED			
ВУ Р	1 Natural 5 Pending	nth, Day, Year)	INJURY		RK?						
ED B	3 Suicide 6 Could not be 28e. PLA	CE OF INJURY — At hor	me, farm, stree	et, factory, office	n:	261. LOCATION (Street City or Town, State		or Rural Ro	ute Number,		
ETE	4 Homicide determined										
COMPLET	29a. CERTIFIER (Check only one)										
00	2 MEDICAL EXAMINER: On the basis	of examination and/or i	nveatigation, is	n my opinion, d	eath occured at the	time, data and place, i	and due to the	e cause(a)	and manner as stated.		
H	29b. SHONATURE AND TITLE OF CERTIFIER	100	m 1)	29c. LICENSE NUM	BER G (, U			Month, Day, Year)		
2	80. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEN	A 27) (Type, Pris	nt)	031	140		une	216,1990		
	Obje m. McNai	R 9	000, Fr	anklin	Square	Drive 212	37				
	31. DATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNATURE	. 00	da. in			.14				
	JUN 19 1990 gular	laurason-lipane	A) PEG								

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF	WARTLAND / CE	RTIF	ICATE	E OF	DEAT	ANU N TH	MENI	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La	nst)							2. DAT	TE OF DEATH	Y	YEAR	3. TIME OF DEATH
	RUSSELL I	. SCHMIT	T							NE 17,			5:30 A.H
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER	DAYS	# UNDER	24 HRS.	7. DAT	E OF BIRTH		6. BIRTHP Country	PLACE (State or Foreign
	219-18-6752		1X M 2 □ F 64							7 29, 19			YLAND
~	9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
<u></u>	1707 JENNINGS DRIVE				BEL AIR HARFORD								
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
뚬	MARYLAND HA	RFORD		BE	L AII	3							1 TES 2 NO
A	10e. STREET AND NUMBER						ZIP COD						HAT COUNTRY?
<u></u>	1707 JENNINGS D						21014	4			U	S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. ARI 1 🔀 YES 2 🗍 N WAR OR DATES			It yes, sp		n, Maxica	n, Puert	GIN? (Specify Yea to Ricen, atc.)	or No-	Black,	— American Indian, White, etc.
BY	3 Wildowed 4 Divorced	WWII	HAR ON DATES			I II TES	20 NO	Specify				WHI	TE
COMPLETED	15, DECEDENT'S (Specify only highest g	EDUCATION trade completed)	(G/	ive kind of	USUAL O	during mo		ng	- 1	6b. KIND OF BUS	INESS/IN	DUSTRY	
ا ت	Elementary/Secondary (0-12) College (1-4 or 5+) N/A SEL				se retired.)				1	CARPET 1	Mem	ATT ATT	TON
ğ	17. FATHER'S NAME (First, Middle, Last,		261	Tr. In	ппо	LED	40 1407	UED'È MAI		t, Middle, Maiden		TLLAI	TON
								LE HA	,		surnerne)		
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a	nd Numbei	r or Rural F	Route Nu	ımber, City or Towi	n, State, Zi	p Code)	
유	MARION T. SCHMI	TT (WIFE)	17	707 .	JENN]	ENGS	DRIV	VE, E	BEL	AIR, MA	ARYL	AND 2	1014
	20a. METHOD OF DISPOSITION	Removal from State	20b. PLACE	OF DISPO	SITION (N	ame of cer	netery, crer	matory or		20c. LO	CATION -	City or Tow	rn, State
	1 Burial 2 Cremation 3 1 4 Donation 5 X Other (Specify)		DULANI	EÝ VA								-	RYLAND
	21. SIGNATURE OF PUNERAL SERVICE	ELICENSEE			22. S(CHIM	JNEK	FUNI	CILITY ERAI	L HOME,	INC		
	Bun	fami	Š		97	705	BELA	IR RO	DAD,	, BALTÍN	10RE	, MAR	YLAND 21236
	23. PART I. Entar the disaeses, shock, or heert fall,				not entai	r tha mo	de of dy	ing, eucl	h ee c	erdiac or reepi	ratory a	rrest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition												Onset and Death
	resulting in death)	a. CERE	BRAL	MIENCE C	DE	74							5 HONTH
_		a. CERR. DUE TO DUE TO DUE TO	RI AL-	+ A M	m):	,	MU	1 -	1 7	FOAB			8 Months
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSEC	DUENCE C	F):					0,4,0			110
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	с											
뜯	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSEC	QUENCE (OF):								
띩	reduting in death, End	d											
	PART II. Other algnificant cond		deeth but not r	eeuiting	In the u	ndariyin	g ceusa	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	OLD STI	nok R								t TYES 2			COMPLETION OF CAUSE DF DEATH?
ME													1 YES 2 NO
PHYSICIAN: MEDICAL													
20	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHE	R:		DEATH (Ch					
1YS	1 TYES 2 NO	1 Inpetient 2	ER/Outpatient 3	DOA 28b. TII			URY AT	asidenca	_	thar (Specify) DESCRIBE HOW II	N. ILIEY O	CCURED	
	1 Vatural 5 Pending	(Month,	Day, Year)	IN	JURY	WC	PRK? YES 2	_ NO					
) BY	2 Accident Investigat 3 Suicide 8 Could no	28a. PLACE	OF INJURY — At ho	me, farm,	atreat, fac	ctory, offic			28f. L	OCATION (Street)	and Numbe	er or Rural A	oute Number,
벌	4 Homicide datarmine		, atc. (Specify)						'	City or Town, State)			
7	29a. CERTIFIER (Check only	HYSICIAN: To the best	of my knowledge, de	ath occur	red at the	time, deta	and place	e, and due	to the	cause(a) and mar	nor aa st	ated.	
COMPLETED	anal	MINER: On the beals of											and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERT	FIER	~	4			29c. LIC	ENSE NUI	WBER		29d. DA	TE SIGNED	(Month, Day Year)
	- X		0/	7.1			DI	86	6	_	>	6/1	8/90
욘	30. NAME AND ADDRESS OF PERSON			, , , ,								1	ı
	DR. WILLIAM	4 GOLDINE		1 HA	ARFO	RD	ROAI), B	ALI	IMORE	, MI). 21	L214
	31. DATE FILED (Month, Day, Year)	32 REGISTE	AR'S SIGNATURE	.1.00									

DALI INORE, MAI	nin 24 Hours after death. Page 6 may be retain	lely filled in by the funeral director, page 5 sho nation, or removal.	t, the medical examiner must be notifi
DIVISION OF VITAL NECONDS, F.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

								0 16/30
•	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO		
	DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Frieda	ANNA	S	CHNEIDER		June 16	1990 T	8:25 p m
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8,1	BIRTHPLACE (State or Foreign Country)
	21.2-46-3556.	□ M 2 😾 F	79 YRS.	MONTHS DAYS	HOURS MIN.	11-22-10		Maryland
_	9e. FACILITY NAME (If not institution, give street			· ·	OR LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	Franklin Square H	ospital		Ros	sville		Baltim	ore County
EG	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		ford		Jop	pa			1 YES 201 NO
FUNERAL	10e. STREET AND NUMBER			10	21085			OF WHAT COUNTRY?
NE	2806 Mountain Rd.	HAS DESCRIPTIVES					US	
	11. MARITAL STATUS 12 1 Never Merried 2 Merried	. WAS DECEDENT EVER FORCES? 1 YES	2 300	If yes, sp	ecify Cuben, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc.
B⊀	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 U YES	NO Specify	r :		Specify: White
9	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npieted)	16e. DECEDENT'S	USUAL OCCUPATE work done during mo se retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST	rry .
		College (1-4 or 5+)				77.000		
COMPLET	8th grade 17. FATHER'S NAME (First, Middle, Last)		Hous	ewife	Las MOTHERIS MAI	ME (First, Middle, Maider	emaking	
E CC	Max Henry Schott					a Ender	(Surrieme)	
i m	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox	vn, State, Zip Coo	de)
1	Mr. Ferdinand Schr	neider	2806	Mountai	n Rd. Jo	ppa, Mary	Land 2	1085
5	20e. METHOD OF DISPOSITION 1 Burial 200 Cremation 3 Remova	I from State	b. PLACE OF DISPO				OCATION — City	
	4 Donation 5 Other (Specify)		Metro C	rematory	_		Lto., M	ld.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		Lass	ahn Fune	ral Home,	Inc.	
	Jaseahn Jus	well Has	ne	7401	Belair	Rd. Balto.	, Md.	21236
	23. PART Y. Enter the diseeses, or com shock, or heart feilure. Lis			not enter the me	ode of dying, euc	h ee cerdiec or resp	piretory errest	, Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	Massius T	1	Emb alia	ı ma			Onset and Death
	resulting in death) s	Massive P	A CONSEQUENCE O		0111			
		202 10 (011 10	A CONSECUTIVE C	. ,.				į
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
S	couse. Enter UNDERLYING CAUSE (Disease or injury							
F	thet initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
	d							
3	PART ii. Other significent conditions of	contributing to deeth	but not resulting	in the underlylr	g cause given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL						1 YES	2 X NO	COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
PHYSICIAN:								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	LACE OF DEATH (Ch			
H	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIR	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED
K	1 Natural 5 Pending	(Month, Day, Year)	SiN		ORK? YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm,	atreet, factory, offi	ce	281. LOCATION (Street City or Town, State		Rural Route Number,
TE IS	4 Homicide determined	100				,, 01411		
COMPLETED	CONDON OTHY	N: To the beat of my kno						
Š S	one) 2 MEDICAL EXAMINER:	On the besie of exeminati	on end/or Investigati	on, in my opinion,	death occured at the	time, date end place, e	nd due to the c	euse(e) end manner se stated.
BE	29b. SIGNAPORE AND TITLE OF CERTIFIER	MANAAI			29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)
0	30, NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF D			N/A		Jur	ne 16,1990

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Dr.

Stanley Kman MD. 900

Balto, Md. 21237

000

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Variation.

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TO BE COMPLETED BY FUNERAL DIRECTOR

ge 6 may be retained by the hospital or attending physician.	firector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh		r must be notified at once.
furs after death. Pa	illed in by the funeral d	n, or removal.	e medical examine
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
JC	HN	(NMN)		SHAN	INON					e 14,	19		2:20 P M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 Y		IF UNDER			OF BIRTH , Day, Year)		8. BIRTH Counti	IPLACE (State or Foreign
216-18-1579		1 🔀 M 2 🗌 F		65 YRS.	MONTHS E	DAYS	HOURS	MIN.		3,19	924		RYLAND
9a. FACILITY NAME (If not in					9b. CITY, TO				ATH	41-2-1-3	9c. COU	NTY OF D	EATH
115 ST. MIC		COTTAGES	5		St.	Mi	chae	els			Та	lbot	
10a. STATE	10b. COUNT	Υ		10c. CITY	TOWN OR	LOCATI	ON						10d. INSIDE CITY LIMITS?
MARYLAND	TAL	ВОТ		ST	. MIC	HAE	LS						1 YES 2 NO
104. STREET AND NUMBER						101.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
115 ST. MIC	HAELS						21	663			U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 1	_	12. WAS DECEDED FORCES? IF YES, GIVE	T EVER IN U. X YES MAR OR DATE	S. ARMEO 2 NO S	If y	res, spe	ENOENT O city Cuber 2 (3) NO	n, Mexice	n, Puerto R	? (Specity Yee ticen, atc.)	or No-	Black	E — American Indian, k, White, etc.
3 Widowed 4 Dive	proed	WORLD					A.	,,,,,				77.5	., MHIIF
15. DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)	16	a. DECEDENT'S U	ork done dur			g	18b.	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT use	- IIIC								
/		none			CLE	RK	(RET		-			AL S	ERVICE
17. FATHER'S NAME (First, A										Aiddle, Maiden	Surname)		
JOHN SHANNO				I in	1.11.				MALL				
B. CATHERIN		INON		19b, MAILING	ADDRESS (S			or Rural F	Route Numb	er, City or Town	n, State, Zij	o Code)	
20a. METHOD OF DISPOSIT			20b. Pl	LACE OF DISPOS				netory or		20c. LO	CATION —	City or To	own, State
12 Buriel 2 Cremetic		ioval from State	of	her place) EST LAWI						MAR	RTOT	TSVT	LLE,MD.
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSUL	1 (18)	COT LAW			D ADDRES	SS OF FA	CILITY C				AL HOME
1 2	Down	2			1	SEC	OND	AVE.	S.W				E, MD.21061
23. PART i. Enter the d	liseeses, or	complications the	st caused th	ne death. Do n	ot enter th	ne mod	de Df dyi	ing, sucl	h ss cerd	liec or respi	retory sr	rest,	Approximate
IMMEDIATE CAUSE (FI		List only one ca	/	/ /									interval Between Onset and Death
disesse or condition resulting in deeth)	\rightarrow	a Me	Fas	ta du	0 1	w	no	C	an	100			
		DUE TO	(OR AS A CO	ONSEQUENCE OF): /								
Sequentielly list condit	lons.	b					V						
if any, leading to imme	diete	DUE TO	OR AS A CO	ONSEQUENCE OF):								
CAUSE (Diseese or inju		C	OR AS A CO	ONSEQUENCE OF)·								
that initiated events resulting in death) LAS	т	502.10	(on no n or	SHOLOOLHOL OF	,.								İ
		d											1
PART il. Other significa	ent condition	e contributing to	desth but	not resulting in	n the unde	erlying	ceuse g	given in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 YES 2	□ NO	i	OF DEATH?
									_				1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:	655		OTHER:	26. PL	ACE OF D	EATH (Ch	eck only on	(*)			
1 YES 2 NO		1 Inpatient 2		28b, TIME	4 Nursin	g Home 8c. INJL		sidence		r (Specify) CRIBE HOW I	11 H 1894 O.C	OUREA	
	Pending		Day, Year)	INJ		WOF	RK?	ONE	200. DES	CHIBE HOW I	NJUHT OC	COREO	
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY —	At home, farm, s	treet, fector			,	28f. LOC	ATION (Street i	and Numbe	or Or Rural	Route Number
4 Homicide	Could not be determined	building	, etc. (Specify)	rational taring o		y, omoc		-		or Town, State)	ing reambe	or mores	TOUTO HUMBON,
29a. CERTIFIER	TIEVING SUCCE	ICIAN, To M. I	4 b	I. Linda et a					. 57		_		
(Check only		ER: On the basis of											n) and manner as stated.
29b. SIGNATURE AND TITIO	FOF CERTIFIE	MA	the	M. I	٥,		29c. LICE	ENSE NUN	MBER		29d. DA	TE SIGNED	(Month, Dey, Year)
30. NAME AND ADDRESS O	E DEDCOM NO	o completes as	U DE DE DETE	AUTEM OT CE	(Delat)		المراث	1/4			6	5-10	7-10
P. B.	SA M	VCNEL	S G	TO P =	Td/	en	11/6		Exo	You	M	D:	2/60/
JUN 1 9 1990	Year) July	32. REGISTA	AR'S SIGNATI	JRE			ACIL IS		-				i
10 1000	dun	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1											

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Anastacio

31 DATE FILED (Month, Day, Mear)

Subong,

M.D

206

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY		AV	VEAD	3. TIME OF DEATH
	Viola ELEAN	OR S	CARDINA						June 16			1990	0539 рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	213-78-4736	1 M 2 X F	69	YRS.	MONTHS	DAYS	HOURS	MIN.		CH 3.	1921		T VIRGINIA
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DI				NTY OF D	DEATH
R	NORTH ARUNDEL HOS	PITAL			$_{ m GL}$	EN E	URNI	Е			ANN	E AR	UNDEL
NORTH ARUNDEL HOSPITAL GLEN BURNIE RESIDENCE OF DECEDENT 100. STATE MARYLAND ANNE ARUNDEL GLEN BURNIE GLEN BURNIE GLEN BURNIE											10d. INSIDE CITY		
E													LIMITS?
						_	IIE				10- 017	TREN OF I	1 TYES 2 NO
RA	100 1 100 100 100 100 100 100 100 100 1					101	15 40 19	24					
FUNERAL	1000 BELL AVE.	12 WAS DECEDE	IT EVER IN U.S. AR	MED	12	WAS DEC	2106		NIC OBIO	GIN? (Specify Ye		U.S.	A. E — American Indian,
	1 Never Merried 2 Merried	FORCES?	YES 2 24	10		If yes, sp	ecify Cube	m, Mexica	nn, Puerl	lo Rican, etc.)	a or No—	Blac	k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR OATES			1 🗌 YES	² ₹ NO	Specif	ly:			Spec	"" WHITE
G	15. DECEDENT'S EQU	CATION			USUAL O				1	66. KIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	work done se retired.)	aunng mo	st of worki	ng					
린	15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 1.2 1.2 1.5. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER 18. MOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)								OWN 1	HOME			
ő	O 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N							HER'S NA	AME (Firs	t, Middle, Maider	Surname)		
BE	PRESTON LUKE						N	ANN1	E L	EWIS			
198. INFORMANT S NAME (Typer-tint)						nd Numbe	r or Rural	Floute Nu	umber, City or Tox	vn, State, Zi	p Code)		
-	ANTHONY G. SCARDI	NA		1000	BEL	L AV	Έ.	GLEN	I BU	RNIE. 1	4D.	2106	1
20e. METHOD OF DISPOSITION 1								own, State					
	4 Donation 5 Other (Specify) GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MD.								E.MD.				
- 8	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA		SINGLE	CON F	IINER	AL HOME
	MATE IV -	Suml	ru-		-1	SEC	OND	AVE.					MD. 21061
	23. PART I. Entition the diseases, pro-	omplications th	at Caused the de	ath. Do	not enter	the mo	de of dy	ing, aud	ch as C	ardiac or resp	olratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Finel	only one ca	use on each line).									Onset and Death
	disease or condition resulting in deeth)	Cardi	opulmona	ry A	rres	t							
	resetting in deetil)	OUE TO	OR AS A CONSE	OUENCE C			1	-	,				
Z	Consentative that annufations		ndear		ak	ry	prec	uu	ex	Drse			
6	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS CONSE	OUENCE C	F):	#	1	Lle	ail	Drsa	5		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	a. U	OR AS A CONSE	voc		CC	~	~		0.0			
	that initiated events resulting in death) LAST	00E 10	OH AS A CONSE	DUENCE C	NF):								
CERTIFICATION		d		7									+
AL	PART II. Other significant condition		death but pet	paulting	in the ur	derlyin	g cause	given in	Part I.	24s. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
5	Listule	7.7	ull	u	des	1				1 TYES			COMPLETION OF CAUSE OF DEATH?
MEDIC	An all	vien	1							DAGGE AND REAL		67	1 YES 2 NO
	0 11	1										1	
¥	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C	heck only	r one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu		10 5 🗆 R	esidence	8 🗆 0	ther (Specify)			
PHYSICIAN:	27, MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. TII	ME OF JURY		JURY AT		28d. [DESCRIBE HOW	INJURY O	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/.		М		YES 2	_ NO					
	3 Suicide 6 Could not be		OF INJURY — At he	ome, farm,	street, fac	tory, offic	en .			OCATION (Street		er or Rural	Route Number,
I	4 Homicide determined												
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of	if my knowledge, d	ath occur	red at the	time, date	end place	e, end du	e to the	cause(e) end m	enner as st	sted.	
COMPLETED	anal	R: On the basic of	examination ergor	Investigati	on, in my	opinion, (death occu	ired at the	e time, d	late and place, e	nd due to	the ceuse	(e) and menner as stated.
ш	291. SIGNATURE AND TITLE OF CERTIFIED	4	1//				29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNE	(Month, Day,
0	(1 1/4	wth	3			DO	27	X3			6/	16191
2	30, NAME AND ADDRESS OF PERSON WE	O COMPLETED GA	ISF OF DEATH-HALL	M 27) (Tro	e Print)		-					/	11

Crain Hwy,

SW

21061

Glen Burnie, Maryland

Pages 1, 2, 3 should

certificate

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death

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notified at once.		בסקומות אם מחדה ומונסט דם סד
ne medicai examiner must be r		
or other traumatic event, the		
hows any injury,		0 100.000

DIRECTOR FUNERAL B COMPLETED

registrate and completely lined in by the funeral unection, page 3 should be detached followed as the buriantialist per line	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burtal, cremation, or removal.	r other traumatic event, the medical examiner must be notified at once.	
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JA IIIIE	ation,	the	
Juliplet	l, crem	event	
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certificate has been signed by the	f Healt	SWOL	
Tas De	Dept.	23 \$	l
MCATE	State	r item	
MS COL	vith the	ed, o	
ATTEC U	death v	mari	
CON	3 after	1 28 1	
党ロー	2 hours	t Item	
UNERA	ithin 7.	ANT: I	
14	filed w	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other	
2	2	E	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S MAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 201.01 SORENSEN E A SOCIAL SECURITY NUMBER B. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Month, Day, 216-14-656 DAYS HOURS 3 YRS 9. FACILITY NAME (If not ineffection ofto str 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DWSO 4 KAL RESIDENCE OF DE CEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TOWSON 1 YES 2 NO 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21204 3 .1 P-Q stille WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. It yes, specify Culran, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried Specify 3 Widowed 4 Divo WW II White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Salesman Carolina Freigh 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) Svend_Sorensen Mary Ruth McCutcheon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Carl E. Sorensen 412 Donegal Drive, Towson, Md. 21204 20e. METHOD OF DISPOSITION
1 □ Burlal 2 ☑ Cremetion 3 □ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donetion 5 Other (Specify) Greenmount Cemetery Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Henry York Jenkins Balto. Md. William 21212 laura 23. PART I. Enter the diseases, or complications that caused the death. Dp npt enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock. Dr haert fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ISCHAEMIC CARDIOMYOPATHY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OFSCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO ВҰ 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide determined COMPL

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, OATE SIGNEO (Month, Day, Year) 15 9

30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR RUPAIA 100 31. DARE BIEB WAS BOOK State D

1 06-1T-96V

To appear the state of

BALTIMORE, MARYLAND 21203-3146

plnod

13146,
ВОХ
P.0.
RECORDS,
OF VITAL
DIVISION C

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours are death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 before within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 2. DATE OF DEATH MIN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 04/28/28 220-22-4983 XX M 2 F 62 YRS. Balto, MD 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore city Baltimore City RESIDENCE OF D 10d. INSIDE CITY LIMITS? YES 2 NO 10a. STATE 10c. CITY, TOWN OR LOCATION MD Baltimore City Baltimore City FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3301 Paine Street 21211 U.S.A. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? TYPES 2 IF YES, GIVE WAR OR DATES It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 TYMO Specify: 2 NO Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced 1951 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) 10th ndary (0-12) College (1-4 or 5+) Production Worker Paint Manufacturor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward H. Schaeffer Helen A.XXXXXX Schwab BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2934 Sollers Point Rd. Baltimore, Maryland 21222 Margaretta Poole 204 METHOD OF DISPOSITION

X Burlel 2 Cremetion 3
4 Donation 5 - Other (Special Contro 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stets Cedar Hill Cemetery Glen Burnie, MD 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Rd Baltimore, Maryland 23. PART I Shter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OF resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO lent 2 M ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) MANNER OF DEATH 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCUREO 28b. TIME OF Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL (Check only one) investigation, in my coinion, deeth occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTURE 2

ulia Davidson

. 11 12

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	u ur	3. TIME OF DEATH	
DOROTHY SHAMB	ERGER				6 15	_		
4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE	In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	NRTHPLACE (State or Foreign	
213-32-9700	□ M 2 🖾 🕻 5	6 YRS.	ONTHS DAYS	HOURS MIN.	April 9,		aryland	
9a. FACILITY NAME (If not institution, give stree	*	1		OR LOCATION OF DE	ATH	9c. COUNTY		
Prince George's Co	mmunity Hos	pital	Chever	ГÀ		Prince	George's	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
Maryland Prince	George's	Sea	t Plea	sant			LIMITS? YES 2 NO	
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
6800 Greig St. #30	1		2	0743		Unite	d States	
11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, 4 Specify: B]								
3 Widowed 4 Divorcad			<u> </u>					
15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION npleted)	(Give kind of wo	rk done during m		16b. KIND OF BUS	SINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	lousewi	fe	Pı	rivate		
17. FATHER'S NAME (First, Middle, Last)		1.	Cascwi		1			
William Powell					ME (First, Middle, Malden Prine Easte			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	le)	
Zerlease Shamberge	r	506 Wi	lson B	ridge Dr	#B1 Oxon	Hill,	Maryland 2074	
20s METHOD OF DISPOSITION	of from State	o. PLACE OF DISPOSIT	ION (Name of ce	metery, crematory or		CATION — City		
4 Donation 5 Other (Specify)		Moses C	emeter	У			Maryland	
21 SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	V					Funeral Home	
Ulmmy (a)	1261 -	Dur	/4/4	Landovei	. Ka. Lana	over, r	Maryland 20785	
ehock, or heart fellure. Lie limited laterage or condition resulting in death) Sequentielly list conditions, If any, leeding to immediate	discase or condition resulting in death) e. Due TO (OR AS A CONSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST	DUE TO JOR AS A	CONSEQUENCE OF)						
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRICED? 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO								
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C)	eck only one)			
	HOSPITAL: Inpatient 2 □ ER/Out		OTHER:	ne 5 🗆 Residence	6 - Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month: Day, Year)	29h, YIME	OF 28c, IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
1 Netural 5 Pending 2 Accident Investigation	1 Motural 5 Pending M 1 VES 2 NO							
2 Accident 3 Suitcide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rem. (Shee)							burel Route Mumber	
Control Print	IN: To the best of my know	5000			1,000			
MEDICAL EXAMINER:	On the Deels of Teaminatio	n and/or investigation	tn my opinion,	death occured at the	time, date and piace, an	of due to the ca	use(s) and manner as stated.	
296, SIGNATURE AND TITTLE OF CERTIFIER	IL WIA	V VV	J. W.	29c, LICENSE NU	JAA	29d. DATE BIL	18195	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type. /	Print)	1 1	1-1-1			
	***************************************		20.00					
24 DATE EN ED (Month On Mont)	DECIGEDABLE COM	147117						

ours after death, Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUN 1 9 1990 Julia Varidson-Randalla

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	if death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
OF CORDI FIED BY BUYCLOIM, MEDICAL OFFICIALION	domonia ve data leggo de ot

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		GIENE 9	0-16736				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF D	EATH DAY	3. TIME OF OEATH				
	Joshua Aaron THOMAS	6-	11- 90	5:15PM M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F under 1 YEAR F UNDER 24 HRS. Infant 1 Xm 2 F O YRS.	(Month, Day,	Year)	6. BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF	6-11-		Maryland ITY OF DEATH				
TOR	Franklin Square Hospital Center Baltimore	DEATH		ltimore				
DIRECTOR	106. STATE 106. COUNTY 106. CTTY, TOWN OR LOCATION Edgewood			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 430 Gateshead Court 21040			SA				
BY FUN	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ASMED FORCES? 1 YES 2 X XO If YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISP If yes, apecify Cuban, Max 1 YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISP If yes, apecify Cuban, Max 1 YES, GIVE WAR OR DATES	ican, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND	OF BUSINESS/IND					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Infant N/A Infant	N	/A					
8		NAME (First, Middle	THE PARTY OF THE P					
H		ane Ann						
2	P Mr. Bradley L. Thomas 430 Gates Head Court, Edgewood, Md. 21							
	206. METHOD OF DISPOSITION 1/L/ Paurial 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 206. PLACE OF DISPOSITION (Name of cometery, cremetory of their pigcs) Meadowridge Memorial Pa	ark		e, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Fune 237 E. Patap	eral Homosco AVe	e of Bro	ooklyn ., Md. 21225				
	23. PART i. Enter the disease, or complicatione that caused the deeth. Do not enter the mode of dying, a shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Severe Prematurity OUE TO (OR AS A CONSEQUENCE OF):	uch es cardiac	or respiratory err	est, Approximata interval Between Onset and Death				
CERTIFICATION								
8	d							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given		WAS AN AUTOPSY PERFORMED? AYES 2 NO	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH ((Check only one)						
Sici	EXAMINER? V HOSPITAL: OTHER: 1 ☐ YES 2 ☑ NO TyJnpetient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Resident		nolfy)					
¥	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18JURY AT WORK?		E HOW INJURY OC	CURED				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO							
	2 Accident 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, Stetle)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and of the course of the c							
BE CC	296. SIGNATURE AND TITUL OF CERTIFIER 29c. LICENSE I	NUMBER	29d. DAT	E SIGNED (Morith, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael McCollum 9000 Franklin Square Drive Ba	altimoro	Md	21237				
	31. DATE FILED (MATURE 1990) 32. REDISTRARIS SIGNATURE	~ 1 o Tillot C	, 11d					
	2011 I A 1220 Sommon show							

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DIVISION OF	AL OR ATTENDING PHYS
DIVISION OF	HOSPITAL OR ATTENDING PHYS
DINISION OF	THE HOSPITAL OR ATTENDING PHYS

	1. DECEDENT'S NAME (First,		Dorot	hy To	owso	n			·		2. DATE (OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	Dorothy		Nson								6		>	YEAR	J=P	M
	216-32-0530		5. SEX 1 🗌 M 2 担 F	6. AGE (In y			UNDER 1 Y	EAR_ AYS	HOURS	MIN.	7. DATE ((Month,	Day, Year)		8. BIRTH	HPLACE (State or Foreign ry) Md.	
	9a. FACILITY NAME (If not in:						CITY, TO	WN C	OR LOCATIO	ON OF DE		L// 11	-	NTY OF D		_
E C	Liberty l	Medica	1 Center				Ва	alt	imor	e						
اظ	RESIDENCE OF DEC	10b. COUNTY	,		1	Oc. CITY, TO	WW OR	OCAT	ION						10d, INSIDE CITY	_
DIRECTOR	Md.						alt:								LIMITS?	
RAL	Md. Baptis	tAged	Home 2	801 Ra	ayne	r Ave		101	zip code	216			10g. CIT	USA	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	NO	D	lf y	es, sp		n, Mexica	IIC ORIGIN' n, Puerto R		ns or No-	Spec	E — American Indian, k, White, atc.	_
LETED		EDENT'S EDUC highest grade		100	(Give	DENT'S USU kind of work NOT use ret	done duri			g	16b.	KIND OF B	USINESS/INI			
COMPL																_
	17. FATHER'S NAME (First, M. George	_	iggs						18. MOTH		oren.		iggs			
8	19a. INFORMANT'S NAME (7)				19b. N	AAILING ADI	DRESS (S	treet a	nd Number			er, City or To	wn, State, Zi	o Codel _	. Baptist	
임	Angeline	Byrd			2	801 R	ayne	er	Ave.	Baļ	to. 1	1d. 2	1216	Ag	ged Home	
	20a, METHOD OF DISPOSITE # Burial 2 Crematio Donation 5 Other	iON on 3 ☐ Remo (Specify)	oval from State	20b. Pt	ACE OF per place, lest	osposition S	Name tar	of cer	metery, crem	etory or			ocation - atons	-	own, Stata .e, Md.	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	tero			Es	ste	-	othe	rs F	ınera	1 Hom	e P.	Α.	
ERTIFICATION	disease or condition resulting in death) a. Curdio - resp. Cureot Due to (or as a conscovence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST L. Curdio - resp. Cureot Due to (or as a conscouence of): Due to (or as a conscouence of):															
MEDICAL C	PERFORMED? 1 YES 2 NO DF DEATH; 1 YES 2 NO 1 YES									b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DE CAUSI DE DEATH? 1 YES 2 YO						
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	110001711					26. PI	LACE OF D	EATH (Ch	eck only on	0)				_
YSIC	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpatio	nt 3 🗆		THER: Number	д Ноп	ne 5 🗆 Re	sidence	6 🗆 Other	(Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO							28d. DES	CRIBE HOV	INJURY O	CURED					
TEO	2 Accessers 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,							
OMPLE	cost crity		CIAN: To the best of												(s) and manner as stated	ŝ.
TO BE C	29b. SIGNATURE AND TITLE	10	hysica						29c. LICI	NSE NUI	MBER 848	5	29d. DA	TE SIGNE	D (Month, Day, Year)	
	-	im, L	-iberty	Med	li ce	(Type, Pri	m) ente	er,	Bal	ltin	wre	m	D 2	212	-15	
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATI	JRE											

vavidoon-Randall

JUN 1 9 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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10	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner n
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	urs after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

•	FOR STATE REGISTRAR	STATE OF M			TMENT					YGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)	**		V-					2. DATE OF	DEATN DA	AY	YEAR	3. TIME OF DEATH
	ESTHER LAVERNE TI	NSLEY							06 -	11	- 199		6:10 P.M. M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. less		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, Da	ly, Year)		8. BIRTN Country	PLACE (State or Foreign y)
ł	215206414	1 M 2 XF	64	YRS.					11	2 2	2.5		ryland
~	Sa. FACILITY NAME (If not institution, give st				9b, CITY,			on of be				NTY OF D	
2	SACRED HEART HOSP	TTAL				Cuii	iber	Tanc	1		ALLI	EGANY	COUNTY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d, INSIDE CITY LIMITS?
a	Maryland Alle	gany		,	West	ern	por	t					1 XYES 2 NO
A.	10e. STREET AND NUMBER					101	ZIP COD	E **			10g. CIT	ZEN OF W	VNAT COUNTRY?
FUNERAL	Wood St Ext	•					215	62			US.	A	
5	11. MARITAL STATUS	12. WAS OECEDENT FORCES? 1	EVER IN U.S. AR	MED TOX					IC ORIGIN? (S		or No—	14. RACE Black	E — American Indian, k, White, etc.
BY	1 Never Married 2XXMarried 3 Wildowed 4 Divorced	IF YES, GIVE W		171				Specify		.,,			hite
	15. DECEDENT'S EDUC	PATION	16a DF	CEDENT'S	USUAL O	CCUPATIO	N.		16b KB	ID OF BU	SINESS/INI		
	(Specify only highest grade Elementary/Secondary (0-12)		(G	ve kind of a Do NOT us	work done (se ratired.)	during mo	st of worki	19					
2	12	College (1-4 or 5 +		sin	g,C	Cela	nes	e	Me	dica	al,	Fibe	er
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					1221	18. MOT	HER'S NA	ME (First, Midd				
ш	Robert O	MIller						rt1e					
TO B	19a. INFORMANT'S NAME (Type/Print)		191						Route Number,				0.1.5.4.0
-	Lacy Tinsley								ester	_		_	21562
	20s. METHOD OF DISPOSITION XX Surlai 2 Cremation 3 Remo	oval from Stata	20b. PLACE other pl	OF DISPO	OS C	ime of cer	netery, crer	natory or			CATION -		
	4 Donation 5 Other (Specify)	ENREE	10	111	22.	NAME A	ID ADORE	SS OF FA		wes	ster	прот	rt, Md.
	. 7.111.	.01	Bal	12		Boa	1-w	arni	ick F	uner	cal :	Home	2
	+ Un	you v	Don	/		lest	ern	port	, Md	. 2	2156	2	
	23. PART i. Enter the diseases, or a shock, or heart failura.				not anter	the mo	de of dy	ing, suci	h as cardled	or resp	iratory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	PSOI	2 110	01.	01	20 1							Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	DUENCE O	FH.	711	UK/Z						_
_		DUE TO	CANON	00	06	_	74	51	10016				
0	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	F):		/- 17		2000				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
E	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	DUENCE O	F):								
CERTIFICATION	resulting in deeth) CAST	d											
4	PART II. Other significant condition						g cause	given in	Part I. 24		AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICA	Degeneral	08571	autik	E P	ULN	wor	ARY	00	SEM 1	PERFO			COMPLETION OF CAUSE OF DEATH?
	Degeneral	me an	Unites				/						1 YES 2 NO
ä	Deep ven	The	omsofz	SR	ym.	Sul	low	can V	rem				
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	1 (1 YES 2 (10)10	1 Dinpatient 2	ER/Outpatient 3				10 5 □ R	esidence	6 Other (S	(pecify)			
PH	27. MANNER OF DEATN	28a. DATE OF (Month, D		28b. TIR	JURY	WC	URY AT		28d. DEŞCR	IBE NOW	INJURY O	CURED	
BY	1 Disturel 5 Pending 2 Accident Investigation 3 Suicide 2 26e PLACE OF INJURY — At home, fan				M		YES 2 [NO	204 1 0027	001 (01	and Months	0	Route Number,
ED	3 Suicide 6 Could not be 4 Nomicide determined	building,	etc. (Specify)	PITTER, TERRITI,	street, iac	логу, отн	•			fown, State		or Norm	node Namosi,
Ē	29a. CERTIFIER	01411 7-11 1 1-11			4 - 11 -								
COMPLETED	(Check only												a) and manner as stated.
_	29b. SIGNATURE AND TITLE OF CERTIFIE				.,	,		ENSE NUI		,,			D (Month, Day, Year)
BE	Hudh	<u>C</u>						26			DA. DA	6/1	31624
2	30, NAME AND ADDRESS OF PERSON WN	O COMPLETED CALL	E OF DEATH /ITE	M 27) (7m)	Drint)		-	46	101				V 1 V"

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRICES SENATURE

925 BISHOP WALSH ROAD

M.D.

HARJIT SIDHU,

31. DATE FILED (Month, Day,)
JUN 19 1990

21502

CUMBERLAND, MD

6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after cleath with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner r
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E	20	10703
t. DECEDENT'S NAME (First, Middle, Last)					2. DATE C		v ve	3. TI	ME OF DEATH
ANTHONY	Α.		VARAC	ALLE	Juna	16	1990		15 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	,,,	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8.	BIRTHPLACE Country)	E (State or Foreign
215-09-0563	¹\\ x \ 2 \ F 79	YRS.	THE DATE	HOUNE MIN.		22-19	10 M	ary1	and
9a. FACILITY NAME (If not institution, give st	reet and number)	96	CITY, TOWN O	R LOCATION OF DE	EATH		9c. COUNTY	OF DEATH	
4107 Halifax Co	ourt		len A	rm			Balt	imor	е
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON					INSIDE CITY
Maryland Balt	imore	Gler	Arm						YES ZENO
10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
4107 Halifax Co				21057			U.S.		
11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Maxica	en, Puerto R		or No- 14.	Black, Whi	merican Indian, ta, etc.
XX Widowed 4 Divorced	IF YES, OIVE WAR OR	ATES	1 🗆 YES	NO Specif	fy:		To	Specify: hite	
15, DECEDENT'S EDUC	CATION	16a. DECEDENT'S USE	JAL OCCUPATION	N	16b.	KIND OF BUS	INESS/INDUST		
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	it of working	I	ndust	rial	Bui1	ding
12 Years 1	Year	Stationa	ry En	gineer			nance		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	liddle, Maiden	Surname)		
Saverio	Var	acalle		Maria	С	. N	eschi		
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				41	.057
Joan M. Wright				x Cour	t Gl			_	
29a, METHOD OF DISPOSITION XIX Burlet 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ovel from State	b. PLACE OF DISPOSITION Of PLACE OF DISPOSITION OF PLACE OF PLACE OF PLACE OF PLACE OF DISPOSITION OF PLACE					to.Co		ryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	on Fune	ACILITY	Uomo			
Ineliant	It se	real		Loch Ra				on N	(D21204
23. PART I. Enter the diseases, pr			-						Approximate
shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one ceuse on							į	Interval Between Onset and Death
disease or condition resulting in death)	· andersor	Parolin Cand	was a	On Dive				!	
resulting in destil)	DUE TO (OR AS	A CONSEQUENCE OF):							
Sequentielly list conditions,	b								
If any, leading to immediate cause, Enter UNDERLYING	DUE 10 (OR AS	A CONSEQUENCE OF):						i	
CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST								ļ	
	d							-	
PART II. Other significant condition	s contributing to death	but not resulting in t	he underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR		AWAI	E AUTOPSY FINDINGS LABLE PRIOR TO
V					{	1 TYES 2	NO		PLETION OF CAUSE DEATH?
N								1 🗆	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)	1.50				
1 X YES 2 NO 27, MANNER OF DEATH	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY			e 5 🗆 Residence	-		NJURY OCCUP	RED	
1 Netural 5 Pending	(Month, Day, Year)	INJUR	y WC	RK?					
2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJUR	Y — At home, ferm, stre			281. LOC	ATION (Street	and Number or	Rurel Route	Number,
4 Homicide 8 Could not be determined	building, etc. (Sp	ecity)			City	or Town, State)			
298. CERTIFIER 1 CERTIFYINO PHYSI	ICIAN: To the best of my kno	wladon double occurred	t the time date	and place, and de-	e to the car	ne(s) and me	oner se stated		
[Orlock Only	R: On the basis of examinati								menner as stated.
29b. SIGNATURE AND TITLE DE CERTIFIE				29c. LICENSE NU			29d, DATE S		
14. mg/1	Delivin Made	16 O FYILM		A A I A	OF		▶ Jim	1/3	1990
30. NAME AND ADORESS OF PERSON WH	O COMPLETED/CAUSE OF D	EATH (ITEM 27) (Type, Pr	int)	Roio	مئر_		401	011	1.10
Stanley 2	Salam L			O)	0				
1 - 11116	6/26/12W	110, 11	So cho	so Xt	dna				
31. DATE FILED (Month, day, Year)	32. REGISTRAR'S SIG		Eo cho	sed !	0.002				

eatan ac

Α...

N. .

Fig. 8 11 No. 1000 9

Gary

296. SIGNATURE AND TITLE OF CERTIFIER

W.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

TONES, M.D. P.O. BOX 385

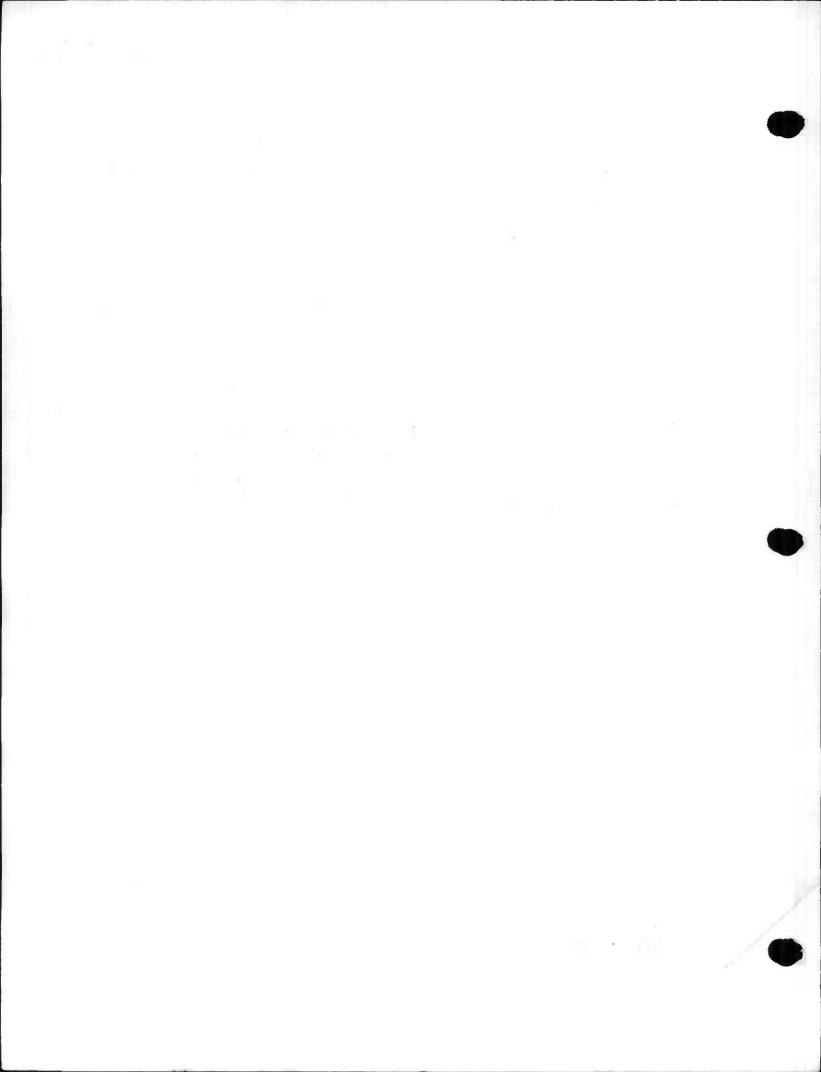
	FOR CTATE	OF MARYLAND	/ DEDAD	TMENT OF U	EAITH AND N	IENTAL HVCIENI			
	1 - STATE REGISTRAR			CATE OF		REG. NO.	5		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	PCARL VENER 4. SOCIAL SECURITY NUMBER 5. SEX				- 1	MONTH DA	Y 6	YEAR	3:45 AM
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
- 4	578-34-8662 10 M2		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	~	Countr	y)
	9a, FACILITY NAME (If not institution, give street and nur	mhar)		Bh CITY TOWN C	R LOCATION OF DEA	-	_	ITY OF D	RULAND
œ	1								
0	LORIEN NURSING	40me		COLUMI	31A M	P	10	wine	CD
DIRECTOR	10s. STATE 10b. COUNTY		10c, CITY	Y, TOWN OR LOCAT	ION				10d, INSIDE CITY
E I	Maryland Prince Geo	rao!c	D _C	wie					LIMITS? 1 XES 2 NO
	10a, STREET AND NUMBER	rge s			. ZIP CODE		ton CITI	ZEN OF Y	WHAT COUNTRY?
FUNERAL				10.			346 111		
	7900 Chestnut Ave.				20719				States
5	11. MARITAL STATUS 1 Never Married 12. WAS D FORCE	DECEDENT EVER IN U.S. A ES? 1 TYES 25 G, GIVE WAR OR DATES	NO		ENDENT OF HISPANI acify Cuban, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No-	14, RACE Black	E — American Indian, k, White, atc.
ВХ	3 Widowed 4 Divorced	, GIVE WAR OR DATES	•	1 🗌 YES	2XXNO Specify:			Speci	lack
	15. DECEDENT'S EDUCATION	100 0	ECEDENT'S	USUAL OCCUPATION	NA .	18b. KIND OF BUS	Three will		Lack
H	(Specify only highest grade completed)		Give kind of w le. Do NOT us	vork done during ma	st of working	180. KIND OF BUS	HNE35/INU	USINT	
۳	Elementary/Secondery (0-12) College ((1-4 or 5+)				1	D		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOIT	memaker				vate	2
8					18. MOTHER'S NAM	AE (First, Middle, Maiden	Sumame)		
BE	William Barber					Unknown			
2	19s. INFORMANT'S NAME (Type/Print)	1				loute Number, City or Town			
FIGURE VEHICLY FOR STATE TO STATE TO STATE TO STATE TO STATE THE STATE OF STATE TO S							719		
							1*III 77194		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	D ADDRESS OF FAC	Jei	nkins	Fur	neral Home
1	Velmon (1/2)	·1/ X	10						land 20785
- 7	Juny 0-1 Wa	XI HI							
	23. BART I. Enter the diseases, or complicet	one cause on each li	168th. Do n 16.	not enter the mo	de of dying, euch	ss cardisc or reepi	ratory en	rest,	Approximete Interval Between
i	IMMEDIATE CAUSE (Final	21 11							Onset and Death
	disease or condition a.	Bladder	C	ance	-				
		DUE TO (OR AS A CONS	EOUENCE OI	F):					
z	b								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE O	F):					
S	CAUSE (Disease or Injury								
H	that initiated events	DUE TO (OR AS A CONS	EOUENCE OI	F):					
E	resulting in death) LAST								
	PART II. Other significant conditions contribe	uting to death but not	non-lila a	In the underlyin	n acusa abian la l	Part I. 24e, WAS AN	ALITORAL	1 041	WERE ALTOROV ENIDALOR
MEDICAL	PART II. Ottor agrifficatic conditions contribu	uting to destil but no	resulting	in the underlyin	g ceuse given iii i	PERFOR		290	AWAILABLE PRIOR TO
S	· ————————————————————————————————————					1 YES 2	□ NO		OF DEATH?
ME									1 YES 2 NO
						1			
¥.	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Chi	ck only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Input	TAL: tient 2 DER/Outpatient	3 DOA	OTHER:	ne 5 🗌 Residence	8 Other (Specify)			
PHYSICIAN:		DATE OF INJURY	28b. TJM	E OF 28c, IN.	JURY AT	28d. DESCRIBE HOW	NJURY OC	CURED	
) BY	■ • □ e _{violate} □ 1 299, PLACE OF INJUNY → At nome, farm, street, factory, office 1 281, LOCATION (Street and Number of Hural House Number,							Route Number,	
핃	4 Homicide datermined	building, atc. (Specify)				City or Town, State			
Ш	29a. CERTIFIER		d- alb						
Z N	(Check only one) 1 CERTIFYING PHYSICIAN: To the light of the light of the light one in the light of the ligh								a) and manner as stated
COMPLETED		VI BABITITION BION	arvestigatio	on, at my opinion, (7.7.5.—2.50.—511 M		a section	the selection of the se
BE (296. SIGNATURE AND TITLE OF CERTIFIER	8			29c. LICENSE NUM				(Month, Day, Year)
	HE I IMA WILL WATER AND A DID IN	vid 1			. // 5 //		. = /	//-	

29c. LICENSE NUMBER 2001/1

Laurel, Md. 20725

29d. DATE SIGNED (Month, Day, Year)

6/17/90



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	REGISTRAR		CE	RHFR	CALL	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, I	DRING					2. DATE OF DEATH DO NOTH DO		YEAR 3	O. TIME OF DEATH	
DIRECTOR	4. SOCIAL SECURITY NUMBER 234-208807	5. SEX 1 M 2 7 F	6. AGE (In yrs. last		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign	
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOV	/N OR LOCATION OF DE			NTY OF DEA		
TOR	CHURCH HOSP					BALTIMO	RE	-			
ည္က	10a. STATE 10b. CC			10c. CITY,	TOWN OR LO	CATION			- 1	IOd. INSIDE CITY	
	MD	Baltimore			В	ALTIMORE			1	YES 2 DO	
.¥	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITI		AT COUNTRY?	
FUNERAL	1300 WINDLAS	S DRIVE			1	21220				JSA	
윤	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES M		If yes	, specify Cuban, Maxica		or No —	Black, 1	- American Indian, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		, ,	YES NO Specifi	γ:		Specify:	White	
	15. DECEDENT'S (Specify only highest		(GI	ve kind of wo	SUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) life.	Do NOT use	retired.)	e		Home			
COM	17. FATHER'S NAME (First, Middle, Las	son Belcher					ME (First, Middle, Melden				
BE	ARGET		198	MAILING A	IDDRESS (Str		Route Number, City or Tow	1000	Code)		
임	- William P. W					us Place	Balto.,		_		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Departion 5 Other (Specify)		20b. PLACE other pis	of Disposition (Co)	TION (Name o	cometery, cremetory or porial Parl	20c. LC		City or Town		
	21. SIGNATURE OF FUNERAL SERVI	CE LICEMBEE	1		22. NAM	E AND ADDRESS OF FA	uneral Hom	e PA	1		
	* flain /	mufere	ole.				tern Ave.		l	Md. 21221	
	23 ART I. Enter the diseases abock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	lufe. List only one caus	caused the dese on ason lina	nde Ne	STRO	moda of dying, aud INTESTIA	th as cardiac or reso NACL BLEET	ING	reat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	PART II. Other aignificant con-	ditiona contributing to	death but not r	eaulting in	tha undar	lying cause given in	Part I. 24a. WAS AF			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL	Doment	DOME'	ΓΙΑ	1		1	1 _ YES			COMPLETION OF CAUSE OF DEATH?	
ME	Chons	OpStruc	MLQ	LA	m 6	(sous	2			1 TES 2 NO	
ž	CHRONIC	OBSTRUCTI	ED LUNC	DI	SESE						
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:										
PHYSICIAN:	1 YES 2 NO	26a. DATE OF	ER/Outpatient 3 INJURY	26b. TIME	OF 280	Home 5 Residence	6 Uther (Specify)	INJURY OC	CURED		
	Natural 5 Pending		ny, Year)	INJU		WORK?					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,	
COMPLETED	298. CERTIFIER 1 CERTIFYING.	PHYSICIAN: To the best of	my knowledge de	ath occurred	d at the time	data and place, and du	to the cause(s) and ma	onner se ste	ted.		
W	odel and	AMINER: On purposer of a								and menner as stated.	
	The SHOWNTURE AND TITLE OF OR	RTIFIER /				29c. LICENSE NU	MBER	29d, DA	TE SIGNED	Stopp, Der Year)	
O BE	LACKUSON	6 ()	S CHC		MD			1	0//	1/90	
2	HAME AND ADDRESS OF PERSO	N WHO COMPLETED CAP		M 27) (Type,	Print)	MICH	HOTE	170	E	/	
	21. DATE FILED (Most Convenient)		A'S SIGNATURE								
	JOH T 2 1990 V										

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O. BOX	cortificate
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>	CIABL
Ġ	20.00
DIVISION OF VITAL RECORDS	and or errename parameters. The few commisses that the death conflicts he accounted within
5	6
	-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 s be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				SIENE . NO.	.0/42		
	1. DECEDENT'S NAME (First, Middle, Lest)	lvin	11	k)	1/21	2. DATE OF DEA	TH DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 416-60-2703	1 € M 2 □ F L		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Feb. 1	ber)	6. BIRTHPLACE (State or Foreign Country) Alabama		
TOR	99. FACILITY NAME (If not institution, give	street and number)	059.	RUE	R LOCATION OF DE	ne feer gen				
DIRECTOR		m nces George		ttsvi	lle			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	3600 Deane Dr:	-			20782			U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN selfy Cuben, Mexice 2 NO Specify	n, Puerto Rican, a	Ify Yes or No—	14. RACE — American Indian, Black, White, etc. Specific Black		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work ithe. Do NOT use re- Maintena	done during mo tired.)	st of working		Chiof	-W.S.S.C.		
COMP	17. FATHER'S NAME (First, Middle, Last)		Ind III o Cira	1100 11	16. MOTHER'S NA	ME (First, Middle, I				
TO BE	Wallace U. We 196. INFORMANT'S NAME (Type/Print) Tinnie Wood	lls	196. MAILING ADI	oth S	nd Number or Rurel I t . Lanha	Route Number, City	or Town, State, Zip			
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Ret 4 Donation 5 Other (Specify)		other place Chur	ch Ce	netery	T	allade	my or Town, State ga, Alabama		
	21. SIGNATURE OF FUNERAL SERVICE L	1 Hant	,		7th St	пur	t Fune ash.D.	ral Home C.20017		
Z	IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	s. Acc			de of dying, suc			est, Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition		but not resulting in t	he undarlyin	g csuse given in	F	WAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch		44.3			
PHYS	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	PRK?		HOW INJURY OCC	CURED		
TED BY	2 Accident Investigation							or Rural Route Number,		
COMPLETED	(Original Oriny	/SICIAN: To the best of my kno NER: On the basis of examinati						ed. e csuse(s) and menner as stated.		
TO BE C	296. SUBMATURE AND TITLE OF CERTIF	lagor	y ma	-	29c. LICENSE NU	MBER 75	29d. DAT	E SIGNED (Month, Day, Year)		
0	39. NAME AND ADDRESS OF PERSON V			(nt)				J		
	31. DATE JUN 1 9 1990	32. REGISTRAR'S SIG	Market -							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ENDING PHYSICIAN; The law requires that the death certificate be executed within 24 riburs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 frours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	to marked or them 23 shows any injury or other traumatic event; the medical examiner must be notified at noce
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The Ia	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Del	MDODTANT- If Hem 28 le marked or Hem 2.

	1 - STATE REGISTRAR STATE OF MARYLAND	ERTIF					IENIAL	REG. NO.	Ė.		
ì	1. DECEDENT'S NAME (First, Middle, Last) William Eric	C Cu	mmi				2. DATE O	F DEATH O	Y '	YEAR	TIME OF DEATH
	WILLIAM CUMMING 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In viz. li		- 14/44		- 100 22	- ,	06	14	- 1	990	5.59PH
	4. SOCIAL SECURITY NUMBER 370-16-3288 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	est birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.		Day, Ybar)	23	Country	ce (State or Foreign Lahoma
	9s. FACILITY NAME (If not institution, give street and number)		9b. CITY	r, TOWN O	R LOCATIO	N OF DEA	06	22		TY OF DEATI	
S S	Sinai Hospital			Bal	timo	re (City				
2	RESIDENCE OF DECEDENT 10a STATE 10b COUNTY	I inc. CIT		OR LOCAT						100	I. INSIDE CITY
DIRECTOR	MD		.,		Me	ORI					LIMITS?
	10e. STREET AND NUMBER		10f. ZIP CODE					16g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	322 HAWTHORNE	RD.				212	210	USA			
FU	11. MARITAL STATUS 1 Never Merried 2 Married FORCES? 1 YES 2	RMED NO		If yes, spe	city Cubar	, Maxican	, Puerto Ri	(Specify Yea can, atc.)	or No-	14. RACE — Black, Wi	American Indian, hits, etc.
ВУ	IF YES, GIVE WAR OR DATES	ΙΙ		1 TYES	2 X NO	Specify:				Specify:	Vhite
	15. DECEDENT'S EDUCATION 16a. D	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working						SINESS/INDL		7.2.2.2.2	
LET	Elamentary/Secondary (0-12) College (1-4 or 5+)	ife. Do NOT us	se retired.)		of the property.			D	T TO		
COMPLETED	12th	2.5	lles	man	40 MOTE	PRIO NAM	T /First M	Kea.	l Es	tate	
	Forrest Cummings				10. MU.1	Do		John			
) BE		19b. MAILING	ADDRES	S (Street a	nd Number			r, City or Town		Code)	
٩							Balt	0.,			
	1 Ruriel 2 Cremetion 3 Removel from State Other	E OF DISPO								more	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES	Metro	22.	NAME AN	D ADDRES	S OF FAC	IIG .				
	sery - many		C	rema	atio	n S	ocie	ty o	f Md	, Ind	7D 01000
	George E. MacNabb 23. PART I. Enter the diseases, or complications that caused the	deeth. Do								O., I	MD 21228
	ehock, or heert fellure. Liet only one ceuee on each line. IMMEDIATE CAUSE (Finel Onset and Death										
Í	disease or condition s. Sepsis										
	OUE TO (OR AS A CONS	EOUENCE O	F):								
ON	Sequentially list conditione, OUE TO (OR AS A CONSCOURAGE OF)										
ICAL CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING										
Ħ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS resulting in death) LAST	EOUENCE O	F):								
CER	d.										
AL.	PART II. Other eignificent conditione contributing to deeth but not	t resulting	In the U	nderiyin	g cause (lven in F	Part I.	24a, WAS AN PERFOR		Avi	RE AUTOPSY FINDINGS AILABLE PRIOR TO
DIC									NO		MPLETION OF CAUSE DEATH?
MED							- 1			1 (YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF D	EATH (Che	ock only one)			
SIC	EXAMINER? 1 YES 2 NO HOPITAL: 1 Vinpatient 2 ER/Outpatient	3 DOA	OTHE 4 - Nu		e 5 🗆 Ra	sidenca (6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Dey, Year)	26b, TIR	JURY		BK?		28d, DEŞ	CRIBE HOW I	NJURY OCC	URED	
BY	1 M Natural 5 Pending 2 Accident Investigation 3 Suitable 26a. PLACE OF INJURY — At 1	home form	M et est de		YES 2	NO NO	284 1.004	TION (Stead	and Mumbar	or Rural Rout	Alumber
뎶	3 Suicide 6 Could not be 4 Homicide detarmined	nome, mm,	BC(1991, 120	ctory, orne	•			r Town, State)		or nurer nous	e rvurnoer,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occur	red at the	time, date	and place	and dua	to the caus	re(a) and mar	nner aa state	ed,	
OM	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/o										d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	AL 1.7	N .		29c. LICI	NSE NUM	BER		29d. DATE	SIGNEO (M	onth, Pay, Year)
TO B	Mood 2	414	_							06-	14-90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type	SIN	AL	HOJ	PITI	A 1_	OF	BA	LTIN	14-90 10RE
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										

DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after health with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	
DIVISION OF VII	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificat he filed within 72 hours after death with the Sta	

	1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		IENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) ALMA		1	WRIGH		2. DATE OF DEATH MONTH DAY	5 9 YE	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER .256-24-1/62	The second second	in yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) 03-18-		BIRTHPLACE (State or Foreign Country) S.C.				
OR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OF LOCATION OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. CITY, TOWN OF LOCATION OF DEATH 98. CITY, TOWN OF LOCATION OF DEATH 98. CITY, TOWN OF LOCATION OF DEATH											
DIRECTOR	10a. STATE Md 10b. COUNTY		10c. CIT	y, TOWN OR LOCA Baltin				10d, INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 340 Gwynn A	OF WHAT COUNTRY?										
B	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yes, a	CENDENT OF HISPANI pecify Cuban, Mexican S 2 NO Specify:			RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	Ille. Do NOT us	work done during m	ost of working	16b. KIND OF BUSI	iness/indust	RY				
TO BE COM	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden S						
BE (Grant	Shells	Name of the last			ian						
2	19a. INFORMANT'S NAME (Type/Print) Jane Correll	ı		The contract		oute Number, City or Town						
					ometery, crematory or	Balto.		or Town, State				
	20g. METHOD OF DISPOSITION 145 Buriel 2 Cremation 3 Remon	val from State	Fairmou			Ne		- Company				
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME /	ND ADDRESS OF FAC	ILITY						
	* Jamesa.	morton	7			orton & S		., Md. 21217				
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. The formal aconsequence of: Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death											
MEDICAL	PART II. Other significant conditions HX L7: " Ceschiovo	Mastesto	74		Part I. 24a. WAS AN PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Che	ck only one)						
YSIC	1 TYES 2 NO	1 Inpatient 2 ER/Out			me 5 🗆 Residence							
D BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation											
티밀	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
O BE COMPLETED	(Crieck Orlly	A: To the best of my known: On the basis of examination	and the second second		the state of the s	ALCOHOLD STATES		suse(e) and manner as stated,				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Solls	1			300	▶ 6	GNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO SUDICE 'D' 31. DATE FILED (Month, Day, Voar)		71.60	W -/ L	6 cus	Ro. BA	40	up. 2121.				
	JUN 1 9 1990	Julia Davidson	-16									

age 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

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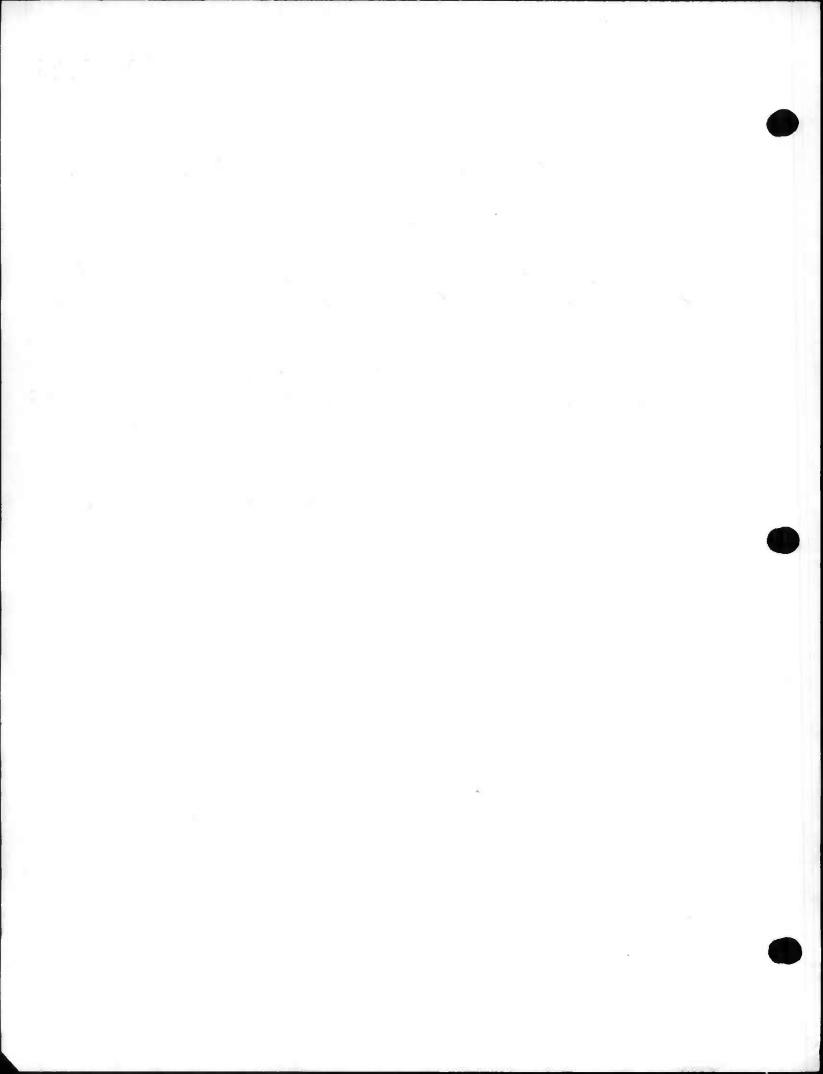
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 ma	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.
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FOR DESTREE PERSONNE TO THE OF MARYLAND OF DEATH AND MENTAL HYGIENE REGISTRAR G-665 7/569 STATE OF MARYLAND OF DEATH REGISTRAR G-665 7/569 STATE OF MARYLAND OF DEATH REGISTRAR REGISTRAR G-665 7/569 STATE OF MARYLAND OF DEATH REGISTRAR REGISTRAR REGISTRAR G-665 7/569 STATE OF MARYLAND OF DEATH REGISTRAR RE 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY VEAD ERNEST WEAVER 990 9:22A 6 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign with, 1-18-318 1 M 2 - F DAYS HOURS VOS Sections BC. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH Sa FACILITY NAME (If not institution, give street and number 822 N. Stricker DIRECTOR Baltimore 10b, COUNTY 10d. INSIDE CITY YES 2 NO 10 FUNERAL 12. WAS DECEDENT EVER IN U.S. ARMED RUTAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or (Give kind of work done dulife. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5 +) 9 m once. AOTHER'S NAME (First, Middle, Ma 76 BE notified 19b. MAILING ADDRESS (Stre 2 Pe 20s. METHOD OF BISPOSITION OF DISPOSITION (Name of must T Burial 2 Cramation 3 ☐ Re 4 ☐ Donatsin 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY l 112-14601 NoF medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete shock, or hasrt fellure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final the disease or condition___ Narcotic and Alcohol Intoxication resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): prior to burial, of CERTIFICATION Sequantielly ilst conditione, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 6 t. of Health and Mental H shows any Injury, or 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 XYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) State [HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 1 TYES 2 NO 4 ☐ Nursing Home 5 🔀 Residence 8 ☐ Other (Specify) the p 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED death with 1 1 Natural 5 Pending Unknown 1 YES 2 V NO Unknown BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 977 N Command 3 Suicide 8 Could not be COMPLETED after 28 I 822 N. Stricker St. 4 Homicide datarmined home hours a 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated TO THE FUNERAL ID TO THE FUNERAL ID TO THE INTERIOR TO THE INT 2 🖅 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. GNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6-16-90 OCME 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ann Dixon, M.D. 111 Penn St., Balto., MD 21201 N 1 9 1990 Sulia Dandon-Handswer



Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

•	FOR STATE REGISTRAR	STATE OF MARYL				MENTAL HYGIEN REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)	Waltone						3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-74-9504				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign Country)
			1			АТН		OF DEATH
	10s. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	/ANIIA	Dai					OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II	a ()	If yea, spe	ENDENT OF HISPAN	n, Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mos retired.)	N at of working	16b. KIND OF BUS	I BINESS/INDUST	TRY
	17. FATHER'S NAME (First, Middle, Last) George Keys				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
	198. INFORMANT'S NAME (Type/Print) Theodore Walters							
	4 Donation 5 Other (Specify)	ovat from State	HOTY ROSa	ry June	20, 199	90		
			Hadden				05Harfor	rd Rd. 21214
		List only one cause on e	Pu	lmon	de of dying, auc	h as cardiac or reapi	retory arreat	Approximate Interval Between Onset and Death 30 muss
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	cC	orman	y ar	ten a	hydria	L ·	5 yrs
	PART II. Other algoriticent condition	a contributing to deeth to			_	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:				
	27. MANNER OF DEATH 1 Pending	28a. DATE OF INJURY (Nopth, Day, Year)	28b. TIME	OF 28c. INJ	URY AT		NJURY OCCUP	RED
	2 Accident 3 Suicide 6 Could not be delarmined	building, etc. (Spe	octfy)	reet, factory, offic	•			Rural Route Number,
	const.							
	29b. SIGNATURE AND TITLE OF CERTIFIES	R MI	D .		0 0	1 10	29d. DATE S	IGNED (Month, Day, Year)
1. STREET AND NUMBER 30.00 CECROTES TO ALL AND STREET AND STREET AND NUMBER 30.00 CECROTES TO ALL AND STREET AND STREET AND NUMBER 30.00 CECROTES TO ALL A		1.0						
	31. DATJUN (M9717) 00 1990	32. REGISTRAR'S SHOW	ATU E					

Per FH G-666 8-27-90 FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALI	= OF	DEATH	R	EG. NO.	:		
1, DE0	CEDENT'S NAME (First, Middle, Leet) WILBERT C	HARLTON	ALAMS	5				2. DATE OF I	NE T	7, 19	yean	3. TIME OF DEATH 6:00 A.M
	217-16-0261	5. SEX 1 💢 M 2 🗌 F	6. AGE (In)	yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	C farme	8-17 1917	6. BIRTHI	n Carolina
9e. F/	96. FACILITY NAME (# not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 5914 Meadowood Rd. Baltimore City									9c. COU	YTY OF DE	
10a. S	SIDENCE OF DECEDENT STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY
	MARYLAND				Bgit		e City					1 X YES 2 NO
10e. S	5914 Meadowood					101. ZIP CODE 21212				10g. CITIZEN OF WHAT COUNTRY?		
3 🗆	ARITAL STATUS Never Married 2 Merried Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee if yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 XXNO Specify:				e or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU (Specify only highest grade lemantary/Secondery (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	ON at of working		ID OF BUS			0.0
	12 Years 4 + Years Presid										CO.	
17. FA	THER'S NAME (First, Middle, Last)	Adame	C vo				16. MOTHER'S NA				nont	
40. 11	Joseph Benjamin	Audill's,	OI •	405 54411 101	0 400050	0 /0	Md Ty	Elizab			•	
198. 11	Ora Louise Adam	C						altimo				2
			20b B					arcimo		CATION -		
4 🗆 1	1							Pil	Pikesville, Maryland			
21. SI	James F. Burn		it. S	<i>)</i> ·	22.	Mit 650	O York Re		d Hon Itimo			21212
23. F	PART I. Enter the diseases, or	complications the	nt caused t		not anta					_		Approximate
dise	ahock, or haert failure. EDIATE CAUSE (Final lasse or condition litting in death)	a.	use on eec		MAZ		CANC	52				Oneet and Deer
Sequ	OUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CAU that	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
	and an additify Exist	d										
PART	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFO 1 □ YES								PERFOR	MED?	24b.	WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_											1 YES 2 NO	
	AS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	_	LACE OF DEATH (Ch	eck only one)				
1	YES 2 PAO	1 Inpatient 2	-		4 🗆 Nu	raing Hon	ne 5 Mesidence					
	ANNER OF OEATH Natural 8 Pending Investigation	20e. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2 NO	28d. DESCR	BE HOW II	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,		
L (CERTIFIER 1 Check only 2 MEDICAL EXAMIN											end manner as stated.
	SIGNATURE AND TITLE OF CERTIFIE	R 1					29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
H 290.	CHARLES	J. 76	0	M,O			D3197	6			6/19	
30. N/	CHARLES J.	HO COMPLETED CAL	SE OF DEAT			614	, Johns	Hook	رساء	Hore	, 2	sis am Ha
31.04	The second secon	Warnis	ales Eguli				1	*15.8		1		

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146 , fer death. Page 6 may be retained by the hospital or attending physi77911 7077 50059076 FOR STATE OF MARY!

1 - STATE REGISTRAR	2 #	SIAIE UF MANTI		RTIFIC					MENIA	REG. NO.	_		
1. DECEDENT'S NAME (FIRST			IÈ N	1ELV	T N	۱۸	LEN)		MONT			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		ALLEN ,							_	5-17-9	0		7:57 P M
238-16-7			(In yrs. last t		ONTAS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		8. BIRTH	**
9e. FACILITY NAME (if not in				1	Db. CITY, T	OWN O	R LOCATIO	N OF DE		22-20	9c. COL	JNTY OF D	N.C.
CHURCH		TAL]	BAL	TIM	ORE					
10e. STATE	10b. COUNTY			10c. CITY,									10d. INSIDE CITY LIMITS?
MD		<u>.</u>		В	ALT:	IMO	RE						1 YES 2 NO
100. STREET AND NUMBER 3135 N		ERLY ST.				101.	ZIP CODE	: 120!	5		10g. Cf1	USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR I	2 NO		111	yes, spe		n, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No—		E — American Indian, c, White, atc. BLACK
	EDENT'S EDUC by highest grade 0-12)		(Give	EDENT'S US e kind of wo DO NOT use EMPL	rk done du retired.)	ring mos	N it of workin	g	16	b. KIND OF BUS	BINESS/IN	IDUSTRY	
17. FATHER'S NAME (First, A							N	/ A		Middle, Maiden			
MILDRED	GUY									ALTIM			. 21205
20e. METHOD OF DISPOSIT 1 \(\times\) Buriel 2 \(\times\) Cremetic 4 \(\times\) Donation 8 \(\times\) Other	on 3 🗆 Remo		GARR		4-1 -1-1-2		ST (,				City or To	wn, State
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. N	AME AN	D ADDRES	S OF FA	CILITY		2 11 0	V , 11 A	
► × × 0	2 ander	a Wa	ver	2									RTH AVE.
shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condition	neart fallure.	sDE TO (OR AS	A CONSEQU	OM.	,	nc			ONIZ		iatory s	ileet,	Approximate Interval Between Onset and Death
if any, leading to imme cause. Enter UNDERLY CAUSE (Diseese or Inju- that Initieted eventa resulting in death) LAS	diete ING ury	c. LUNG CX oue to (or as	A CONSEQUE	CERE	BRA	L I	NFA	RCT					
PART II. Other algorifica	ent condition	s contributing to death	but not re	aulting in	the und	erlying	Couce (given in	Part I.	24a. WAS AN PERFOR	MED?	7 24b	AWERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:		1	OTHER:		ACE OF O	EATH (Ch	neck only o	one)			
1 YES 2 NO		1 Shipatient 2 ER/Ou			I ☐ Nursi			sidence		er (Specify) ESCRIBE HOW I	N HIEV A	CCHRED	
_/	Pending Investigation	(Month, Day, Year)		INJU	RY M	1 🗆 1	RK? 'ES 2	NO	280, 01	SCHIBE NOW I	NJUHY O	CCOMED	
3 Suicide a	Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At hom recify)	ne, ferm, ati	reet, factor	ry, office			28f. LO Cit	CATION (Street of yor Town, State)	and Numb	er or Rural	Route Number,
CONSUM ONLY		CIAN: To the best of my kno	ion end/or in	veatigation	In my op	Inlon, d							e) end menner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	DAVID	AN	AYAN	MOG		29c. LICI	SS NU	MBER .	2	29d. DA	SIGNES	(Month/Day, Year)
30. NAME AND ADDRESS OF	AYAN.	COMPLETED CAUSE OF C	DEATH (ITEM	127) (Type, 1	Print) G.L.	574-M) why	· PS/n	tur	VRE 7	MO	2123	1
31. DATE FILED (Month, Day, JUN 20 1	990 4	and Davidson-R	n Zest										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burning higher within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

FOR

were the second of detache	00 100	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or Item 23 shows any injury, or other traumatic event, the medical marked, or item 23 shows any injury, or other traumatic event, the medical marked, or item 23 shows any injury, or other traumatic event, the medical marked, or other traumatic event, the medical marked is a shown and the contract of the
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in some than the standard of	nation, or remoral	I, the medical man
hysician and complet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remore	er traumatic event
d by the attending p	and Mental Hygien	ny injury, or other
ate has been signe	tate Dept. of Health	tem 23 shows a
t: After this certific	r death with the S	is marked, or i
JERAL DIRECTOR	nin 72 hours after	IT: If Item 28
TO THE FUIL	be filed with	IMPORTAL

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF H	EALTH AND N		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	ANSE	211			2. DATE OF MONTH	DEATH DAY	-/99°C	3. TIME OF DEATH 5 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	218-03-3966	SEX 6. AGE (In yrs	HS DAYS	YS HOURS MIN. (Month, Day, Year) Country) 2-/1-/7 Mary							
TOR	9e. FACILITY NAME (If not institution, give street LORIEN NRS9 RESIDENCE OF DECEDENT	Ehab C	D W	n bia,	ma	4.	11	oward			
DIRECTOR	Maryland Balti	.more		timore					tod. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	3312 Wild Cherry Rd			101. ZIP CODE 21207				109. CITIZEN USA	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					Yee or No— t4. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 1.2	ION 166 npleted) College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	lone during mos ed.)	at of working			NESS/INDUST			
N N	17. FATHER'S NAME (First, Middle, Last)		DOOR	keepei	ts. MOTHER'S NA	_		11e Clo	otning		
	Max Schucalter				Rose		ıknowr				
) BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural f				(e)		
임	Norman B. Ansell		3312 Wi1	d Cher	ry Rd.,	Balt.	MD 2	21207			
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)	I from State oth	ACE OF DISPOSITION her place) th Tfiloh	Cemet	ery				or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Akade,	h.	Hebi	o address of fa ew Memoi Reistei	rial E			e, Inc.		
	23. PART I. Enter the diseases, or con shock, or hear fellure. Lis IMMEDIATE CAUSE (Finel										
	disease or condition s. Ashruture presulting in death) Due to (or as a consequence of):						upia !				
NO	Sequentially list conditions, D. Flace. Central Level. DUE TO (OR AS A CONSEQUENCE OF).										
CERTIFICATION	ouse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):								years		
CERTI	resulting in death) LAST		den st	ute,					years.		
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	not resulting in th	e underlying	g ceuse given in		48. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch						
Sic		OSPITAL:	ent 3 DOA 4	HER: Nursing Hom	e 8 🗆 Residence	8 - Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident 3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route City or Town, State)								Rurel Route Number,		
COMPLETED	anal and	N: To the best of my knowledge. On the basis of examination ar							suse(e) end menner ea stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	A (-			29c. LICENSE NUI			29d, DATE SI	GNED (Month, Day, Year)		
10 8	Klenerd Kol	Dulpe El	10°		0315	75,		16/	19/90		
	30. NAME AND ADDRESS OF PERSON WHO (OMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Print	"							
	31. DATE FILED (Month, JUN) 20	PAREGIST ARS SIGNATURE	Jan Banda	12.							

Providence and the Victorian Park to Pro-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
Eleanor M. A	lascio					MONTH	PA	Y	YEAR)	- 19-
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yo	forms to feet atoms.	IF UNDER 1 YEAR		6		0	70	10-
	1 M 2 Xe			MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Montil), J	Day, Year)		8. BIRTH	IPLACE (Stata or Foreign γ)
213-20-0602		66	YRS.			The second second	/6/23			Md.
FACILITY NAME (If not institution, give :					OR LOCATION OF D	EATH			NTY OF D	
Howard Co. Gen.	Hospital				Columbia			I	Howan	rd
esidence of decedent	~		44 00							
				Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
	altimore			Arbutus						1 TES 2 (NO
e. STREET AND NUMBER				1 1	Of, ZIP CODE			10g. CIT		VHAT COUNTRY?
1122 Gloria Ave	nue				21227				U.	S.
MARITAL STATUS	12. WAS DECEDER	TEVER IN U.S.			CENDENT OF HISPA			or No-	14. RACE	E — American Indian, k, White, atc.
Never Married 2 Married		MAR OR DATES	FINO		ipecify Cuben, Mexico S 2 X NO Special		an, etc.)		Speci	
¥ Widowed 4 □ Divorced										White
15. DECEDENT'S EDU (Specify only highest grade		16a.		USUAL OCCUPAT		16b. K	IND OF BUS	INESS/INE	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		Ille. Do NOT u	se retired.)						
Unkho	wn	E	Bookee	per/Sel	f employe	d	Se1	f Emp	ploy:	ed
'. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mic	idle, Meiden	Sumame)		
Thomas W.B. Cor	coran				Elsa S	mith				
n. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number	City or Tow	n, State, Zh	Code)	
Kathryn Alascio)				ng Path,			120		738
METHOD OF DISPOSITION		205 PLA			emetery, crematory or		_	CATION —		
ABuriel 2 ☐ Cremetion 3 ☐ Ren	noval from State	othe	r place)							
□ Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE III	- COLUMN TO THE	New	Cathe	dral Ce			Ва	1tim	ore,	Md.
. SIGNATURE OF PUNEHAL SERVICE	A				bbard Fun		Homo	Tno		
Kalmonal	Lolan			41	07 Wilker	e Ava	Ra.	1tim	ore.	Md. 21229
3. PART I enter the diseases, or ahock, or heert fellure. MMEDIATE CAUSE (Finel lisease or condition equiting in diseth)	List only one ca	uea on sech i	lina.	not anter tha n	noda of dying, suc	ch as cardis	c or respi	ratory ar		Approximate interval Betwoonset and Do
ahock, or heert feilure. AMEDIATE CAUSE (Finel isease or condition esuiting in dsath) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	s. CA OUE TO DUE TO C.	COIO O (OR AS A CON ESCAMP O (OR AS A CON	SEQUENCE O	lmon/		ch as cardis	c or respi	ratory ar		Approximale Interval Betw
ahock, or heert feilure. AMEDIATE CAUSE (Finel Isease or condition equiting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury to initiated events equiting in death) LAST	s. Oue TO DUE TO d.	COIO O (OR AS A CON O (OR AS A CON	ISEQUENCE O	on anter the medical control of the	node of dying, such	ch as cardia	ec or respi	lee	reat,	Approximate interval Betwoen Stability Onset and D. Stability Stab
ahock, or heert feliure. MEDIATE CAUSE (Finel Isease or condition seulting in death) equentially list conditions, any, leading to immediate nuse. Enter UNDERLYING AUSE (Disease or injury let initiated events seulting in death) LAST	s. Oue TO DUE TO d.	COIO O (OR AS A CON O (OR AS A CON	ISEQUENCE O	on anter the medical control of the	node of dying, such	Part I. 2	c or respi	AUTOPSY IMED?	reat,	Approximale Interval Betw
ahock, or heert feilure. AMEDIATE CAUSE (Finel Isease or condition equiting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury let initieted events equiting in death) LAST	s. Oue TO DUE TO d.	COIO O (OR AS A CON O (OR AS A CON	ISEQUENCE O	not enter the m CM ON/ OF): Pul Fig. In the underlyi	node of dying, such	Part I. 2	GOAL WAS AN PERFORM	AUTOPSY IMED?	reat,	Approximate Interval Betw Onset and D. Scalelle
ahock, or heert feilure. AMEDIATE CAUSE (Finel leease or condition senting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury net initieted events senting in death) LAST ART II. Other significant conditions. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. Puero Due to Due to Anna contributing to	COIO O OR AS A CON O OR AS A CON O OR AS A CON	ISEQUENCE O	not enter the m LMON/ PC/ PC/ In the underlying the second se	node of dying, such	Part I. 2	GOAL WAS AN PERFORM	AUTOPSY IMED?	reat,	Approximate Interval Betw Onset and D. Scalelle
ahock, or heert feilure. AMEDIATE CAUSE (Finel leease or condition senting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury net initieted events senting in death) LAST ART II. Other significant conditions. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO	b. DUE TO DUE TO DUE TO DUE TO Inpatient 2	COIO O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE O	In the underlying the Cothers:	node of dying, such	Part I. 2	C or respi	AUTOPSY IMED?	reat,	Approximate Interval Betw Onset and D. Scalelle
ahock, or heert feilure. IMEDIATE CAUSE (Finel sease or condition suffing in death) Pequentially list conditions, any, leading to immediata ruse. Enter UNDERLYING AUSE (Disease or injury et initiated events suffing in death) LAST ART II. Other significant conditions. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO C. DUE TO d. HOSPITAL: 11 Inpatient 2 280 DATE O	COIO O (OR AS A CON O (OR AS A CON O (OR AS A CON	III SEQUENCE O	In the underly	ing cause given in	Part I. 2	C or respi	AUTOPSY MMED?	24b	Approximate Interval Betw Onset and D. Scalelle
ahock, or heert feliure. IMEDIATE CAUSE (Finel sease or condition seulting in death) equentially list conditions, any, leading to immediata ause. Enter UNDERLYING AUSE (Disease or injury et initiated events seulting in death) LAST ART II. Other significant conditions. I. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 20 NO MANNER OF DEATH 1 Patural 5 Pending	b. DUE TO C. DUE TO d. HOSPITAL: 11 Inpatient 2 280 DATE O	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	III SEQUENCE O	In the underlying the Office of July 1980.	Ing cause given in	Part I. 2	C or respi	AUTOPSY MMED?	24b	Approximate Interval Betw Onset and D. Scalelle
ahock, or heert feilure. IMEDIATE CAUSE (Finel sease or condition suiting in death) IMEDIATE CAUSE (Finel sease or condition	b. DUE TO C. DUE TO d	D (OR AS A CON O (OR	ISEQUENCE OF SEQUENCE OF TRANSPORT OF TRANSP	In the underlying the Office of July 1980.	ing cause given in	Part I. 2 Deck only one) 6 Other (28d. DESC	Cor respiration of the corresponding of the corresp	AUTOPSY IMED?	24b	Approximate Interval Betw Onset and D Scalul
ahock, or heert feilure. IMEDIATE CAUSE (Finel sease or condition suiting in death) advertige of the sease or conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury et infitieted events suiting in death) LAST ART II. Other significant conditions and the sease of the sease or injury et infitieted events suiting in death) LAST ART II. Other significant conditions in the sease of the sea	b. DUE TO DUE	D (OR AS A CON D (OR	iseouence of iseou	DE COTHER: 4 Nursing H ME OF JURY M atreet, factory, of	ing cause given in	Part I. 2 heck only one) 6 Other (28d. DESC	C or respi	AUTOPSY MMED?	24b	Approximate interval Betw Onset and D. Scalelle
AND AND CASE REFERRED TO MEDICAL EXAMINER? I Description AND CASE REFERRED TO MEDICAL EXAMINER? AND CASE REFERRED TO MEDICAL EXAMINER? AND CASE REFERRED TO MEDICAL EXAMINER? AND CASE REFERRED TO MEDICAL EXAMINER? AND CASE REFERRED TO MEDICAL EXAMINER? AND CASE REFERRED TO MEDICAL EXAMINER? AND CASE REFERRED TO MEDICAL EXAMINER? ACCIDENT TO CEATH CONTROL OF COLUMN TO CERTIFYING PHYSICAL EXAMINER.	b. DUE TO DUE	D (OR AS A CON D (OR	iseouence of iseou	DE COTHER: 4 Nursing H ME OF JURY M atreet, factory, of	ing cause given in	Part I. 2 Deck only one) G Other (28d, DESC 261, LOCAT City or	C or respi	AUTOPSY MED? I NO NJURY OC and Number and due to 1 29d. DA1	24b CCURED or or Rural in the couse(of FE SIGNET)	Approximate interval Betw Onset and D. Scalelle
Anock, or heert feilure. MMEDIATE CAUSE (Finel lisease or condition esulting in death) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury het initieted events esulting in death) LAST PART II. Other significant conditions. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 20 NO 7. MANNER OF DEATH 1 Tatural 5 Pending investigation 3 Suicide 6 Could not be determined 90. CERTIFIER (Check only 1 CERTIFYING PHYS)	b. DUE TO DUE	D (OR AS A CON D (OR	iseouence of iseou	DE COTHER: 4 Nursing H ME OF JURY M atreet, factory, of	Inde of dying, such that the property of the p	Part I. 2 Deck only one) G Other (28d, DESC 261, LOCAT City or	C or respi	AUTOPSY MED? I NO NJURY OC and Number and due to 1 29d. DA1	24b CCURED or or Rural in the couse(of FE SIGNET)	Approximate Interval Betw Onset and D. Scalelle. Scale



DONBUD

31. DATE FILED (Month,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physics IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND N		HYGIEN	E		
	Y. DECEOENT'S NAME (First, Middle, Ling)	h was d				2. DATE OF MONTH	DEATH	Y Q	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX S. AGE (1)	in yrs. last birthday) YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		98	BIRTHPLACE (State or Foreign Country) Hungary	
OR	Kresbuteria.	TACILITY NAME (If not institution, give street and number)					1	So-COUNTY Da	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	alt.	10c. CIT	Y, TOWN OR LOC	ATION SO YOU				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 100 DCOYGIQ	ict.			21204	- 43	29	10g. CITIZEN	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexice ES 2 NO Specify	n, Puerto Ric	(Specify Yee an, etc.)	or No- 14.	RACE — American Indien, Black, White, etc. Specific by h. it.	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondery (0-12)		Ille. Do NOT u	work done during .	ing most of working					
	17. FATHER'S NAME (First, Middle, Lost) Edward Hist	nay			16. MOTHER'S NA Ar	ME (First, Mid anka N				
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Patricia B. 1	Perkins		ark Lan	e Balti			n, Stete, Zip Co 212		
	20c. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donestion 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemeters, crematory or giver place) 4 Donestion 8 Other (Specify) 20c. LOCATION - City or Town, State Baltimore, Md.									
1	21. SIGNATURE OF FUNERAL SERVICE LICENSES	111 1	14		AND ADDRESS OF EA TCHELL-WI 00 York Re					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or As A consequence or):									
NO	DUE TO (OR AS A CONSEQUENCE OF): CONCESTIVE HEAPT PAILURE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissesse or Injury that Initiated events resulting in death) LAST									
	d.	nontributing to death h	ut not mouthing	In the wederle	las asses about to	Bank I a		1107000	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	PART II. Other significant conditions COPON C. V. A.:		ing cause given in		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO					
HAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
IYSIC		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED								
ВУ РЬ	1 Natural 8 Pending 2 Accident Investigation	M 1	INJURY AT WORK? YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spe-	Offy)	street, factory, o	rice		Fown, State)		Rural Route Number,	
COMPLETED	one)	IAN: To the best of my know: On the bests of examination								
TO BE C	2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 6/16/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Nos. Print)									

PLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

SUMETWILLE GUARTE HEGISTRAR'S 500

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MD

BALTIMORE, MARYLAND 21203	. Page 6 may be retained by the hospital er atten-	al director, page 5 should be detached for use #	iner must be notified at once.
BALT	wours after death	filled in by the fune on, or removal.	ne medicai exam
ORDS, P.O. BOX 13146,	is that the death certificate be executed within 24	ined by the attending physician and completely fill afth and Mental Hygiene prior to burial, cremation,	any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital er attain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for 🖛 🛎 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		RENTAL HYGIE		10702
	1. DECEDENT'S NAME (First, Middle, Last)		1 6 /	. 0. /	,	2. OATE OF OEATN MONTH	DAY Y	3. TIME OF OEATN
	Anna		Anna Pauli	ne Bieb	el	6	18 9	GIIS PM
	4. SOCIAL SECURITY NUMBER 215-07-1784	5. SEX 6. AG	85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
OR	99. FACILITY NAME (If not institution, give str Francis Scott Key		rter		timore (i		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 612 S. Tolna Stree	et	1	10	21224			U.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp	ENDENT OF NISPANI ecify Cuben, Mexican NO Specify:	, Puerto Ricen, etc.)		RACE — American Indien, Black, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Iffe. Do NOT us	vork done during me	ON st of working		rment	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) August Werner				and the second second	AE (First, Middle, Meio 2 Radtke	en Surneme)	
10 8	19a. INFORMANT'S NAME (Type/Print) Lorraine Louman				nnd Number or Rural A to Balto.			ode)
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		PLACE OF DISPOS Pirst Uni	ted Eva	ngelical	Cem. E	location - cit	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Zile	ب	22. NAME A	nd address of faces S. Zeic	ler & Son	Inc. 6	224 astern Ave.
	23. PART I. Enter the diseases, or canock, or heart fellure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		n each line.			ss cardisc or re	spiretory arres	t, Approximate Interval Between Onset and Death
NO	Sequentially list conditions,	ARDS						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Preun	S A CONSEQUENCE OF					
ERTIF	that initiated events resulting in daeth) LAST		o a consequence of					
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deat	h but not resulting	in the underlyin	g ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATN (Che	eck only one)		
YSI	1 - YES 2 ND	1 Olimpatient 2 ER/C		4 - Nursing Hor	ne 5 🗆 Residence			
ВУ РН	27. MANNER DF DEATN 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJUF (Month, Day, Yes	ir) INJ	M 1 🗆	JURY AT DRK? YES 2 NO	28d. DESCRIBE NO		
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, ferm, Specify)	street, factory, offi	:0	281. LOCATION (Str. City or Town, St	et and Number or ate)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER							ceuse(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	wo	J. Re	Sidnet	29c. LICENSE NUM	IBER	29d. DATE S	SIGNED (Month, Day, Year)
9	30, NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)				

30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146	ES.	Nis (N.	pe
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	TA	RA	172	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely literal	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crimination.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the r
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31. DATE FILED JUN 20

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH DEAT		MENTA	L HYGIEN REG. NO.	Ε		
	1. DECEDENT'S NAME (First, Middle, Lest) Glenn		С		BE	ECKNI	ER JE	₹.	MONT	ne 16		YEAR	3:08 A M
	4. SOCIAL SECURITY NUMBER 212-42-3341	5. SEX	6. AGE (In yrs. las	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		6. BIRTHPL	ACE (State or Foreign ryland
OR	9a. FACILITY NAME (If not institution, give st Franklin Square				9b. CITY, TOWN OR LOCATION OF DEATH ROSSVILLE				EATH	%c. COUNTY OF DEATH Baltimore			тн
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE Md.	BAltin	ore	10c. CIT	ry, town on location Middle Riv				ver		10	d. INSIDE CITY LIMITS? YES 2 NO	
ERAL	100. STREET AND NUMBER 18 Stabilizer D	rive										T COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. AR YES 2 XIN WAR OR DATES			If yes, sp		n, Maxica	n, Puerto	N? (Specify Yea Rican, atc.)	or No-		American Indian, Inita, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12th		+) (G	tve kind of Do NOT u	usual o work done se retired.) Styl	during mo	ON at of workli	ng	16	b. KIND OF BUS	SINESS/INDU	JSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Glenn C. Beckner	Sr.						Bue.	lah	Middle, Maiden Kindal	1		
10	19a. INFORMANT'S NAME (Type/Print) Brenda Beckner		191				nd Number			nber, City or Tow BAltim			nd 21220
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other pli Oak	ece)	SITION (N			natory or			cation — c ltimo:		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee	Hor	ne			addre 11y			Home	300MA	ceAve	. 21221
	23. PART I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) S. Aulu My ourself Pu (List)												
NOI	Sequentially list conditions, If any, leading to immediate												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEC	QUENCE O	F):								
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to	death but not r	esulting	in the u	nderlyin	g causa	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	AN CO	ERE AUTOPSY FINDINGS ANLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF D						
	1 Natural 5 Pending					28c. JN.				er (Specify) SCRIBE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide datarmined	26s. PLACE (building	OF INJURY — At ho, atc. (Specify)	me, farm,	street, fac	tory, offic	•		26f. LO City	CATION (Street : y or Town, State)	and Number	or Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	-											nd manner as stated,
TO BE C	29b. SHOWATURE AND TITLE OF CERTURES	had					^	211 Z			29d. DATE	SIGNED (M	forth, Day, Year)
	20 NAME AND ACCORDED OF DEDGON WILL	O COMBI ETEROBAL	OF OF STATE OFF	14 070 CT	O-f-A								

OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIR

FOR STATE REGISTRAR	STATE OF N	/MARYLAND / Ce				ALTH AND I		YGIENE EG. NO.			
1. OECEDENT'S NAME (First, Middle, Last) ADA LEE	В	URTON					2. DATE OF O	eath day 16		YEAR 90	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 216–43–2030	5. SEX 1 M 2 X F	6. AGE (In yrs. les 64		IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BI (Month, Day		26	8. BIRTH Counts AY	PLACE (State or Foreign
90. FACILITY NAME (If not institution, give stre Liberty Med. Center	eet and number)					LOCATION OF O	EATH		9c. COUI	NTY OF C	EATH
RESIDENCE OF DECEDENT					Balto.						
Md.			1	rown on Balto.		N.					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3913 W. Rogers Aver	nie					21215			10g. CITI		VHAT COUNTRY?
				16	AS OECEN	IDENT OF HISPAI Ify Cuben, Mexico	an, Puerlo Rican			14, RACI	E — American Indian, k, White, etc.
1s. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		(G	CEDENT'S L live kind of w . Do NOT use	ork done du			16b. KINI	OF BUSI	NESS/INC	DUSTRY	
77. FATHER'S NAME (First, Middle, Last) Will Roan						16. мотнея в мл Matti	е	Gree	ene		
Catherine Holmes						Number or Aural Orest Bl		*			32225
20s. METHOD OF OISPOSITION 1 [X] Buriel 2 [] Cremation 3 [] Ramo 4 [] Donation 8 [] Other (Specify)	val from State	206. PLACE other pl Wester	of Disposi	Cem.	ne of ceme	tery, crematory or			- HOITA		d.
H, SIGNATURE OF FUNERAL SERVICE LICE	INSEE	rongs.		1	March	F/H West Vabash Av					
23. PART L Enter the diseases, or conock, or heart failure. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	lat only one can	OT TAS	IOH	W	ETH.	IREVE	RSIBA	5	SHO	OCK	Approximate interval Between Onset and Death
	DUE TO	OCAS A CONSE	OUENCE OF	LOF II	AX	D ST	ASNE PERT	AFTY	9×07	17/9	2
PART II. Other algnificent conditions ARC ARC ARC ARC ARC ARC ARC ARC ARC ARC		HOVE			ATI	OMAD PLEUS NS	UF 10	PERFOR	MED?	24	D. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 - YES 2 NO
EXAMINER?	HOSPITAL:	☐ ER/Outpetlant :	3 DOA	OTHER	1:	CE OF OEATH (C		activ)			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE O		26b. TIMI	_	28c. INJU WOR	RY AT	28d, DESCRI		JURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be detarmined		OF INJURY — At he, etc. (Specify)	ome, ferm, a	treet, facto		2 10	28f. LOCATIO City or To	N (Street a	nd Numbe	or Aural	Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER											a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER		2 MD	AT 150 EM, 27) (Type,	YDI, Print)	_	29c. LICENSE NL		0.5			0 (Month, Day, Year)
31. DATE FILED (Month, Day, Year) JUN 20 1990		AR'S SIGNATURE	ARK.	Hà	TEH	73 A	10	BAZ	TI,	MO	CFMD2121.

	5	2 3 should	The state of the s
(L)	
	BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician	
	BALTIMORE,	ifter death. Page 6 may b	

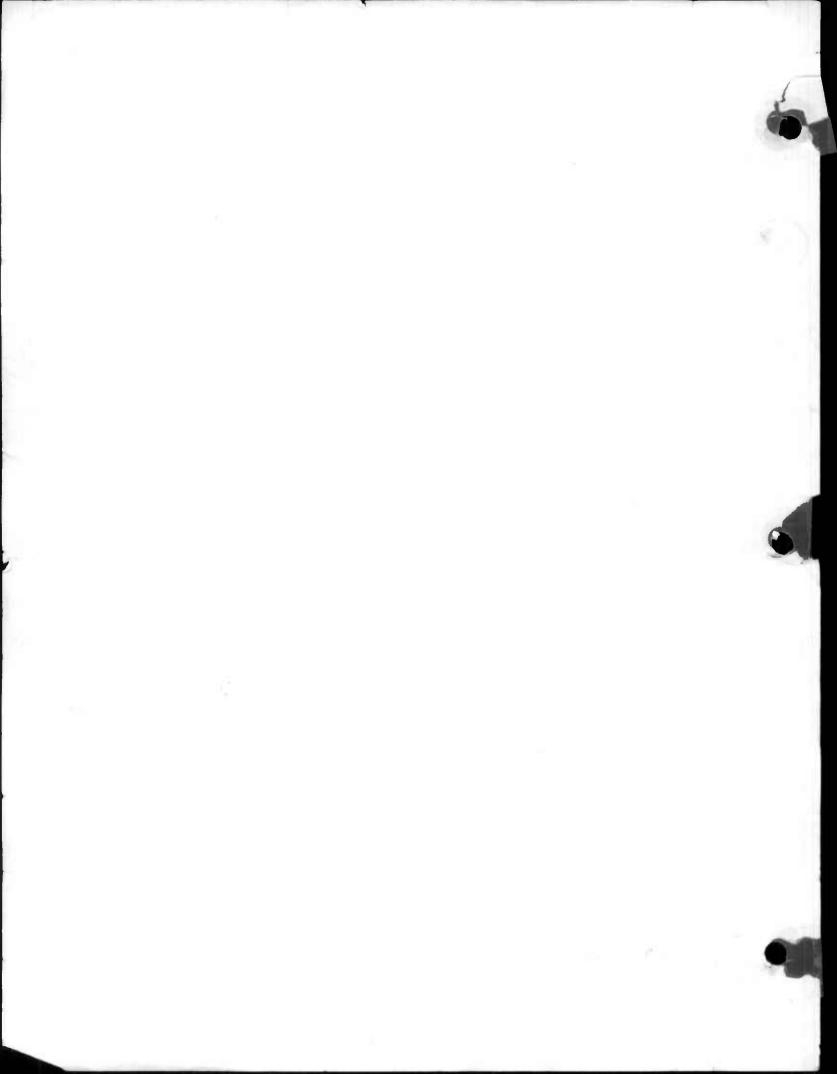
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2° mours after death. Page 6 may be retained by the hospital or attending to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

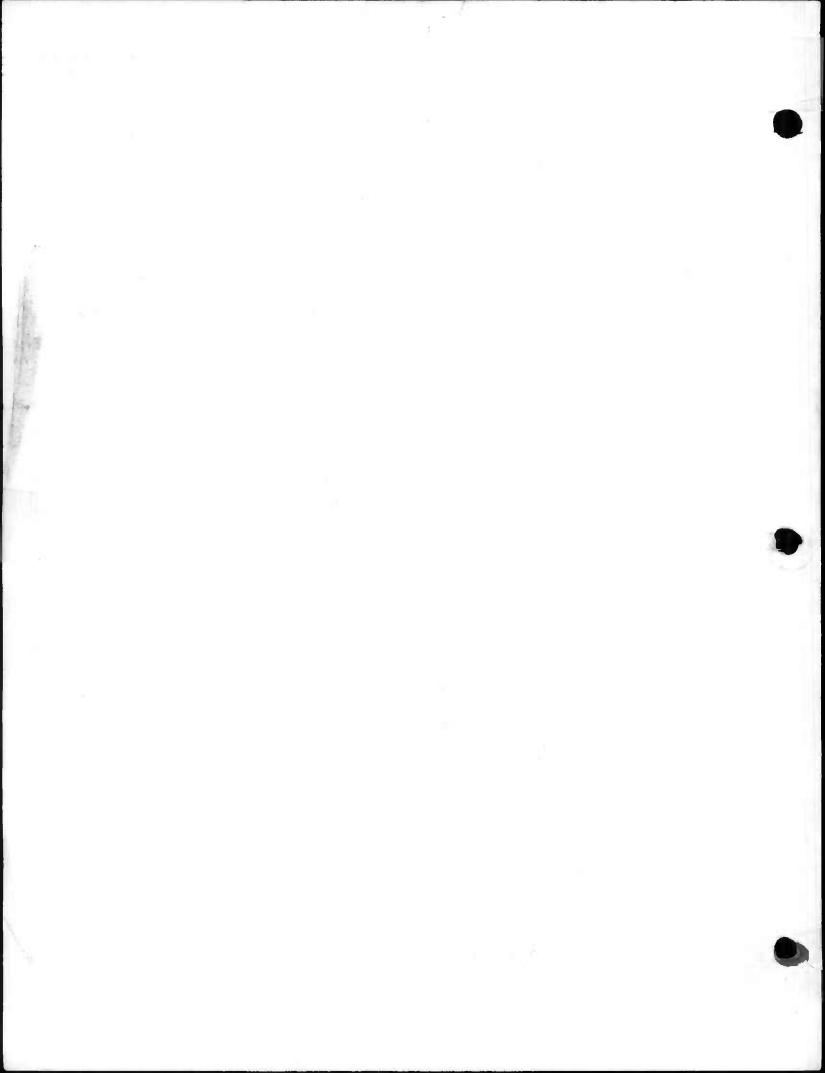
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATN
ROBE	RT		E	BLACK		SR	•		JUNE			-0.77	4.10 a M
4. SOCIAL SECURITY NUMB		5. SEX		yrs. lest birthday)		ER 1 YEAR	IF UNDER		7. DATE	DE BIRTH		6. BIRTN Countr	PLACE (State or Foreign
251-28-03	57	1 🛛 M 2 🗌 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	3-	9° 21			" S.C.
9a. FACILITY NAME (If not in	atitution, give a	treet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	ATN		9c. COU	NTY OF D	EATN
THE JOHNS		NS HOSPI	TAL		В.	ALTI	MORE				BAL	TTMOE	RE CITY
10a. STATE	10b. COUNTY	1		10c. CI	ry, TOWN	OR LOCA	TION						10d. INSIDE CITY
MD				BA	LTI	MORE	, C	ΙΤΥ					LIMITS?
10e. STREET AND NUMBER						_	f. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
1423 N.	ELLWO	OD AVE.						212	13			US	Α
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	J.S. ARMED	13.					? (Specify Yea	or No-	14. RACE	— American Indian, t, White, stc.
1 Never Married 2		IF YES, GIVE V	WAR OR DAT	2 UNO ES			ecity Cube			tican, etc.)			
3 Widowed 4 Dive	orced			_									"y: BLACK
15. DEC (Specify onl	EDENT'S EDU	CATION completed)	1	(Give kind of life. Do NOT a	work done	OCCUPATI during me	ON ost of working	g	16b.	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	PIPEF		•				BETHL	спси	A CT	5515
8th	1			PIPEF.		. K						1 31	CCLC
JIM BLA								ANN		BYRD	Surname)		
19a. INFORMANT'S NAME (.,									DALT			MD 21212
	BLACK			142					VE.				MD. 21213
20a. METNOD OF DISPOSIT 1/ Burial 2 Crematic 4 Donation 5 Other		oval from Stata	_ G A	RRISOI	V F		ST C		TER			GS,	MILLS
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE			22	2. NAME A	ND ADDRE	SS OF FA	CILITY				
> blad	lus	Was	Sec		W	√M.C	. MA	RCH	F.1	H. 11	01 8	E. N	ORTH AVE.
23. PART I. Enter the d		complications the			not ante	er the m	oda of dy	ing, suc	h aa car	ilac or reapl	ratory ar	rreat,	Approximata Interval Between
IMMEDIATE CAUSE (FI		Side only one of											Onset and Death
disease or condition resulting in death)	\rightarrow	a. Delir	ium	Treme	NS								lday
		DUE TO	OR AS A	CONSEQUENCE	OF):								
Sequentially list condi-	lane.	a Alcoh										_	20 415
If any, leading to imme	ediate	DUE TO	OR AS A	CONSEQUENCE	OF):								
cause. Enter UNDERLY CAUSE (Disease or Inju		c		CONSEQUENCE									
that initiated events resulting in death) LAS	ST	002 10	(UR AS A I	CONSEQUENCE	or).								į l
		d											-
PART II. Other significa				t not reaulting	In the	underlyli	ng cause	given in	Part I.	24a. WAS AN		248	WERE AUTOPSY FINDINGS
Cerebrou	ascalo	r Accid	ent							YES 2			COMPLETION OF CAUSE OF DEATH?
										1.00			1 TYES 2 NO
													,
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL						PLACE OF E	DEATH (C/	heck only o	ne)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpa	tient 3 🗆 DOA	4 🗆 N		me 5 🗆 R	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATN	ra pare	28e. OATE O (Month,	F INJURY Day, Year)	26b. Ti	ME OF	W	JURY AT		26d. DE	SCRIBE HOW	NJURY O	CCURED	
1 X Netural 8 2 Accident	Pending Investigation				М		YES 2 [NO	<u> </u>				
	Could not be	26a. PLACE building	OF INJURY - , etc. (Special	— At home, ferm	, street, fa	actory, off	ce			or Town, State,		er or Rural	Route Number,
4 Nomicide	determined												
CONDUCTORITY /	TIFYING PNYS	ICIAN: To the best	of my knowle	dga, death occu	rred at the	e time, da	la and place	a, and du	a to the ca	use(a) and ma	nner aa st	ated.	
one) 2 ME	DICAL EXAMIN	ER: On the basis of	axamination	and/or investige	tion, in m	y opinion,	death occu	red at the	e time, det	and place, a	nd dua to	the cause	(a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER		29d. DA		O (Month, Day, Year)
14. Z. o,	lemi	L. MD					F99	13				6/1	5/90
30. NAME AND ADDRESS (OF PERSON M	OMPLETED CA	USE OF DEA	TN (ITEM 27) (7y)	oe, Print)		1.						
	emine	77	Jo	len . He	spkic	2 0	Hosp	ital					
31. DATE FILED (Month, Day	(, Year)	File Davids			,		-						
JUN201	44U 3	rule havids	an-Nou	,									



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540	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for side with the State hand of Health and Merital Horiere prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, th
DIVISION OF VITAL RECORDS, P.O. BOX 13146	execut	to buria	matic
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	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM			ENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest)	Brow	w N		1	DATE OF DEATH		3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/20/4829	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTNPLACI	E (State or Foreign
OR	9a. FACILITY NAME (If not institution, give str UMMS (Univ	reet and number) file Sp	MED 9h.	Bact	LOCATION OF DEAT		9c. COUNTY	OF DEATN	ity
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			WN OR LOCATIO	ON			10000	INSIDE CITY LIMITS? VES 2 NO
	10e. STREET AND NUMBER	. 1	100		ZIP CODE	. 7	10g. CITIZEN	OF WHAT	
FUNERAL	827 ARI; 467	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECE	212			5A	merican Indian,
BY	1 Naver Married 2 Married	FORCES? 1 TYES IF YES, GIVE, WAR OR I	2 NO	If yes, spec	city Cuban, Mexican, 2 HO Specify:			Black, White Specify:	BLACK
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most		16b. KIND OF	BUSINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 +)	Maintance		-,'	Belsi	nger Sig	gn Co	
CO	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME		len Sumame)		
BE	William Brown		40, 444, 510, 420	200000000000000000000000000000000000000	Hattie (el e I	
2	Franklin Young				d Baltin			2120	7
	200 METHOD OF DISPOSITION 1. Surfel 2 Cremetion 3 Remo	20	b. PLACE OF DISPOSITIO				LOCATION - City		
	1.XXBuriel 2 Cremetion 3 Remo	oval from State	Garrison F			Cem.	Owings N	fills	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND	ADDRESS OF FACIL	UTY Nutt	er Funer		omes, Inc.
	> Herbert	then .3	Te 1	1	Gwynns Fa more, Mar				
	23. PART I. Enter the diseases, or o shock, or heert feliure.		aach line.	anter the mod	ia of dying, such	as cardiac or re			Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Md	brau	hen	Drrlia.	ge			6/8/90
		DUE TO (OR AS	A CONSEQUENCE OF):		1				/ / /
CERTIFICATION	Sequentisity list conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
CA	cause, Enter UNDERLYING CAUSE (Disease or injury	C. Dile TO (OR AC	A CONSEQUENCE OF:						, ,
F	that initiated events resulting in daeth) LAST	Pt te//4		- Lu	1 trou	ex un	1 thou	eld	6/8/80
		40	he 010	01 4	1000				10/10
CAL	PART II. Other significant condition	rewark	-	ha undarlying	ceuse given in P		AN AUTOPSY FORMED?	AWAJI	E AUTOPSY PINDINGS LABLE PRIOR TO IPLETION OF CAUSE
PHYSICIAN: MEDIC	Duemonis		7			_ I PES	2 NO	OFD	DEATH?
¥ ::	700000					- 129	ver rac	1	1123 2 110
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Noopera.			ACE OF DEATH (Chec	k only one)			
YSIG	1 TES 2 NO	HOSPITAL: 1 Diffipatient 2 ER/Ou		THER: Nursing Home	5 Residence 8	☐ Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		WOF	RK?	26d. DESCRIBE HO	W INJURY OCCUP	(ED	
BY	2 Accident Investigation	28e. PLACE OF INJUI	RY Af home, farm, stree		ES 2 NO	26f. LOCATION (Str	et and Number or	Rural Route	Number.
TED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Sp	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, St	ate)		
COMPLETED	TOTIOCK OTHY	ICIAN: To the best of my kno							manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Pets	res		29c, LICENSE NUME	DER	29d. DATE S	IGNED (Mon	th, pay, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF E	DEATN (ITEM 27) (Type, Prin	nt) / / / /	A		/	1	
	31. DATE FILED (Month. Day, Year)	32. REGISTRAR'S BIG	SNATIBE /	of M	4				
1 9	The state of the s	DE. REGISTRAN S BIO	The same of the sa						

Julia Saindan Randoll



YEAR

REG. NO

2. DATE OF DEATH

THE HOSPITAL (
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MPORTANT:

permit, Pages 1, 2, 3 should

medical event, the traumatic othar 1 5 Injury, shows any 23 Item 6 marked, 69 28 tem -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

3. TIME OF DEATH BIRNS RUING L. a AH TO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 M 2 - F 94 052-12-8090 MAY 6,1896 POLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOME OF GREATER WASHINGTON MONTGOMERY HEBREW ROCKVILLE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY 1 YES XX NO MARYLAND ROCKVILLE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE MONTROSE ROAD 20852 6121 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1
YES 2
NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 X Merried Specify: CAUCASIAN BY 3 Widowed 4 Divorced COMPLETED 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) SHIPWRIGHT U.S.NAVY YARD 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname THERESA SAMUEL BIRNS UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11601 LOCKWOOD DR. SILVER SPRING, MD. 20904 HELEN BIRNS 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 ☐ Buriel ACCremation 3 ☐ Removal from State ALEXANDRIA, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) METROPOLITAN CREMATORY 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE IVES-PEARSON FUNERAL HOME loul ARLINGTON, VIRGINIA 22201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between shock, or heart feliure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition ARKEST PULMONARY PARDIO. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PADIO VASULLAR ATHEROSCLEROTIC CERTIFICATION equentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate DISFASE cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting In death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE FMENTIA 1 TYES 2 NO DF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 - Residence 6 - Other (Specify) 4 OKN 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED 4 Homicide 29a, CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 🖟 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Physlain 03 mun 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HEBREW OF COREATER MERUN MD HOME

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shourd early the funeral director, page 5 shourd early	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shours be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.

31. DATE FILED (Month, Day,

20

1990

*	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H			HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		11			2. DATE OF	DEATH		3. TIME OF DEATH
	LAURA \/	CAVEY				MONTH	16	135	0 10:45AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			IRTHPLACE (State or Foreign
	21218 0036	1 - M 2 KE 8		MONTHS DAYS	HOURS MIN.	(Month, E	Day, Year)	C	(untry)
				at 0000 70000 0	R LOCATION OF DE	Aug.	b, 1	904 :	NEW FOCK
œ	9a. FACILITY NAME (If not institution, give str	HURS /fml				AIH			MOVE
DIRECTOR	RESIDENCE OF DECEDENT	16010		Hebb:	ville			1244	mode
E C	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY
E	Maryland Balti	imore	He	bbville					LIMITS?
	10e. STREET AND NUMBER	and I d			ZIP CODE			10a CITIZEN	OF WHAT COUNTRY?
RA	7600 Clays Lane			1.5	21207			U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER IN U	10 100000	1 42 1110 050			n		
	1 Never Married 2 Married	FORCES? 1 YES	2, NO	If yes, sp	ENDENT OF HISPAN Holly Cuben, Mexica	n, Puerto Ric			RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES .	1 TES	2 NO Specify	y :		'	Specify: White
	15. DECEDENT'S EDUC	ATION 1	6a. DECEDENT'S	USUAL OCCUPATION	N .	16b, K	IND OF BUS	INESS/INDUSTI	
H	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) Coflege (1-4 or 5+)	(Give kind of Ille, Do NOT u	work done during mo se retired.)	st of working	10000			
7	Unknown	College (Int of 3 T)	Sa	les		1	Dep	t. Sto	ces
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mid			
	Cha	arles E.Co/	lais		Helen :	м.	Go	odnot	*
BE	19a, INFORMANT'S NAME (Type/Print)	22200 24	· · · · · · · · · · · · · · · · · · ·	ADDRESS (Street a					
2	Mr. & Mrs. Allen M	lettam	100	quires R				1204	7
	20s. METHOD OF DISPOSITION			SITION (Name of cer		boll, 1		CATION City	or Town, State
	1 N Burial 2 Cremation 3 Remo	oval from State	other place)	Cemetery					, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		Outawn	22. NAME A	ID ADDRESS OF FA	CILITY			
	01 +	100 V	/	Lorin	g Byers	Funera	al Di	rectors	s, Inc.
	Xlecter	19 Jons	2						m, MD 21133
	23. PART I. Enter the diseases, or c	omplications that caused that only one cause on each	the death. Do	not enter the mo	de of dying, suc	h ee cardie	c Dr reepi	ratory arrest,	Approximete interval Between
	IMMEDIATE CAUSE (Finel	Λ -							Onset and Death
	disease or condition resulting in death)	ASPIRA	上ると						
		DUE TO (OR AS A C		F):					
Z	Samuel alle list and distance	brenno	WIA						
E	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE C	PF):					
2	Cause, Enter UNDERLYING CAUSE (Disease or Injury		11001000000						
T	that initieted events recuiting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE C	PF):					i 1
CERTIFICATION	reediting in deetily EAST	1							
	PART II. Other eignificent conditions	s contributing to death but	t not resulting	in the underlyin	g cause given in	Part I. 2	4a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S		_					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	l					— I	YES 2	ANO	OF DEATH?
Σ						-			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20.50	ACE OF DEATH (Ch	ant ant and			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:		OTMER:					
₹	1 YES 2 NO	1 Inpatient 2 ER/Outpat	28b. Til		e 5 Rasidenca			NJURY OCCURE	
	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	PRK?	200. OE3C	MBE HOW I	NJOH! OCCOME	
BY	2 Accident Investigation	28e. PLACE OF INJURY -	- At home, form			28f LOCAT	TON (Street)	and Number or 8	lural Route Number,
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specif		,	-		Town, State)		
COMPLETED	29e. CERTIFIER						_		
MPL	(Check only	CIAN: To the best of my knowle	A COMMON TO SERVICE AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSO		711				
Ö	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigat	on, in my opinion, o	eath occured at the	time, deta a	nd place, an	d due to the ca	use(s) and menner as stated.
BE (29b. SIGNATURE AND TITLE OF CONTINUE	7/0			29c. LICENSE NUI				GNED (Month, Day, Year)
TO B	10.				D 170	116		6-1	16-90
Ĕ	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Typ	of Prints	lone.	21215			
	31. DATE FILED (Month, Day, Year)	32. REDISTRARY BIGNA							

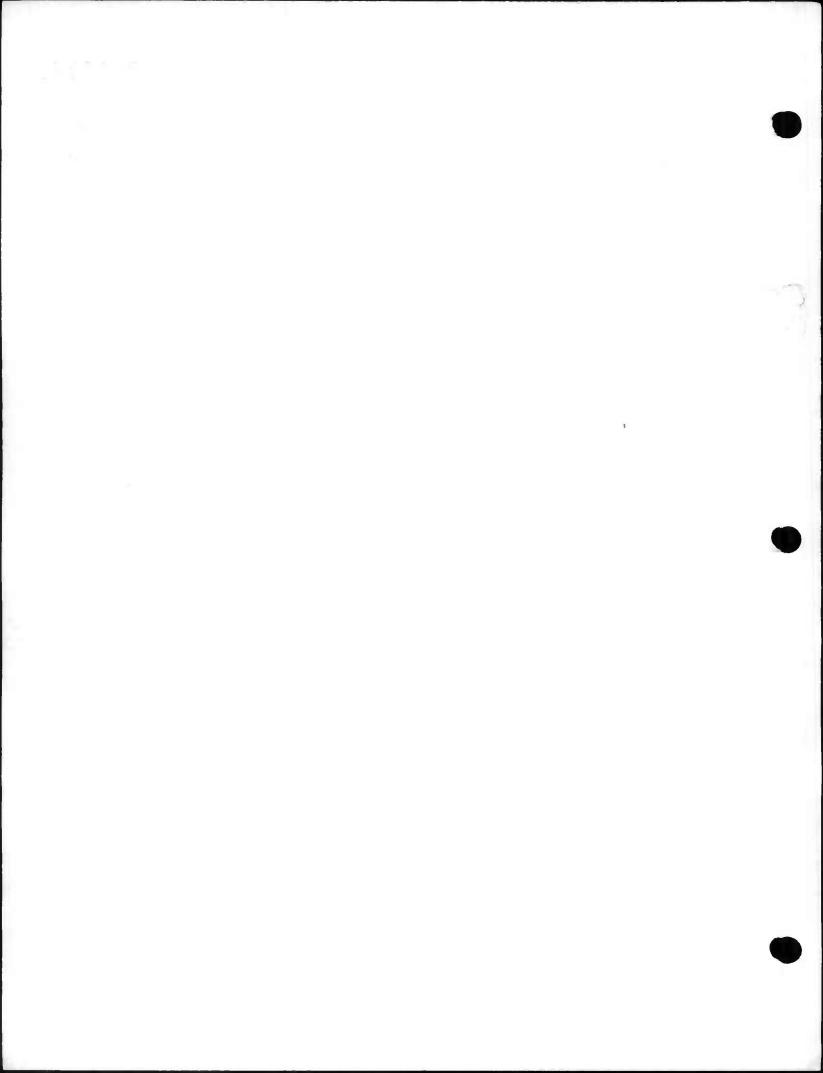
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SICIAN	certific	the S	1, or !	I
G PHY	er this	ath with	narked	
LENDIN	DR: Aft	fter dea	S Is n	l
OR AT	DIRECT	hours a	tem 2	l
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or supporting professional processing or supporting the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a set of the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
HE HO	HE FU	led with	ORTA	
5	10	be fi	M	I

								0 16759
	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTM			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		11/			2. DATE OF DEATH		3. TIME OF DEATH
	margaret (Chrusnic	LK				6 9	5 350 am "
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. lest		NDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	219-60-8352	□ m 2 🗽 80	YRS. MONT	THS DAYS	HOURS MIN.	June 14,1	910	Maryland
	9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
DIRECTOR		. Nursing Home		Ba	Ito.		B	alto.
ត្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY TO	WN OR LOCATI	ION			10d, INSIDE CITY
<u>E</u>		ltimore	100. 0111, 10	Essex				LIMITS?
	10e. STREET AND NUMBER	TCIMOLE			ZIP COOE		Lan OFFITE	1 YES 2 NO
A I		Dood		101.				
FUNERAL	2128 Turkey Point				21221			SA
5	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N	O NED			IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No- 14	. RACE — American Indian, Black, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES	2 NO Specify		l	Specify: White
	15. DECEDENT'S EDUCATION	OH 145- OF	CEDENT'S USU			16b. KIND OF BUS		
1	(Specify only highest grade com	pleted) (Gr	ve kind of work of Do NOT use reti	fone during mos		160. KIND OF BUS	SINESSTINDUS	1147
ا ۳	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	50 NOT 838 180	.,				
COMPLETED								
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
B	John Knapik					ces Augusti		
2	19a. INFORMANT'S NAME (Type/Print)	19b				Route Number, City or Tow		•
	Dolly Kestner		9506 D	undawa	an Road	Baltimore	MAryl	and 21236
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal	from State 20b. PLACE (OF DISPOSITION	N (Name of cen	netery, crematory or			y or Town, Stata
	4 Donation 5 Other (Specify)	Oak	Lawn C	emeter	У	Ba	ltimor	e Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE A		22. NAME AN	D ADDRESS OF FA	CILITY		
	(basses ! ! . E.			Conne	elly Fune	eral Home :	300Mac	e Ave. 21221
	23. PART i. Enter the diseases, or com	plications that caused the de	eth Do not e	oter the mo-	de of duing suci	h as cardiac or respi	Iratory arres	t, Approximate
	iMMEDIATE CAUSE (Fine) disease or condition	/ i			. e	huys .	/	Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEC	LAPAT	ce por	Lank,	KANAL	P Del	ush &
		DUE TO (OR AS A CONSEC	NUENCE OF):					
Z	Sequentially list conditions,		DEME.	VTIA				
Ĕ	if any, leading to immediate	DUE TO (OR AS A CONSEC	NUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	IUENCE OF):					
H	d							
	PART II. Other significant conditions of	ontributing to death but not n	esuiting in th	a undarlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
8			11005-8-00			PERFOI		AVAILABLE PRIOR TO COMPLETION DF CAUSE
						1 _ YES 2	I NO	OF DEATH?
Σ								1 NES 2 NO
PHYSICIAN: MEDICAL								
5		OSPITAL:	ОТ	26. PL HER:	ACE OF DEATH (Ch	eck only one)		
\ XS		☐ Inpetient 2 ☐ ER/Outpetient 3	□ DOA 4 □	Nursing Hom		8 Other (Specify)		
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	URY AT PRK?	28d. DESCRIBE HOW	INJURY OCCU	RED
BY	1. Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	res 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street	, factory, office	•	281. LOCATION (Street City or Town, State)		Rural Route Number,
1	4 Homicide determined							
COMPLETED	29a. CERTIFIER (Check only	N: To the best of my knowledge, de	ath occurred at	the time, date	and place, and dua	to the cause(a) and me	nner as stated	
M	cool only	on the basis of examination and/or i						
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			
111	AND THE OF CENTRES	->-				22/	Zyd. DATE S	SIGNED (Month, Day, Year)
8	1							

BALTO



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FL	be filed wi	IMPORTA

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKITFIC	AIE	JF DEA	IH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) GEOTIC	ae		Car	ter			MONT	OF DEATH DA	Υ		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 236-14-7846	5. SEX	6. AGE (in yrs.	last birthday)	F UNDER 1 YE	-	24 HRS.	7. DATE	OF BIRTH h, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign	
į		1 🗌 M 2 🗍 F	81	YRS.					19/09		Va.		
-	9a. FACILITY NAME (If not institution, give si			9		WN OR LOCATI			9c. COUNTY OF DEATH				
2	727 Druid Lake Pa	ark Drive	2		Bal	timore	Cit	У					
DIMECTOR	100. STATE 10b. COUNTY	1			town on L							Dd. INSIDE CITY LIMITS? X YES 2 NO	
	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITIZ		AT COUNTRY?	
È	727 Druid Lake	Park D	rive		217				U.S.				
DI FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 🔀 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)							14. RACE -	American Indian, White, etc. Black	
	15. DECEDENT'S EDUI (Specify only highest grade		16e.	DECEDENT'S US (Give kind of wor			na	16b	. KINO OF BUS	I BINESS/INDU	USTRY		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use retired.)									
5	17. FATHER'S NAME (First, Middle, Last) UNKNOWN					16. MOT			Middle, Melden	Surname)			
u o			1				_	now					
2	19e, INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, State, Zip Coo							Code)		
	20a_METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) Mt. Zion Cemetary Landsdowne, Md.												
	21. MIGHATURE OF FUNERAL SERVICE LIC	CENSEE	7	1	22. NAA	alnwr	ss of fa	ciuty t Fi	unera	l Ho	me		
	lefton M. Werner 2700 Edmondson Ave. Balto												
	23. PART I. Enter the dieeeees, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) One Arteriosclerotic cardiovascular disease Due TO (OR AS A CONSEQUENCE OF):												
ALIGIA	Sequentielly list conditions, our TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING												
EDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	PART II. Other eignificent condition	na contributing to	death but no	ot resulting in	the under	rlying ceuse	given in	Part I.	24s. WAS AN	AUTOPSY	24b. V	/ERE AUTOPSY FINDINGS	
3									PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
THISICIAIN.	25. WAS CASE REFERRED TO MEDICAL		_			26. PLACE OF	DEATH (C)	heck only o	ne)				
5	EXAMINER?	HOSPITAL:	XER/Outpetlent	3 🗆 DOA	OTHER: United Hursing	HomeXXXXX	eldence	6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH XXXetural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, I	F INJURY Day, Year)	28b. TIME INJU	RY	c. INJURY AT WORK?	□ ND	28d. DE	SCRIBE HOW I	NJURY OCC	CURED		
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE (building	OF INJURY — At atc. (Specify)	- At home, farm, street, factory, office 26					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS XXXXIII	ICIAN: To the best of										and menner as stated.	
u o	296. SIGNATURE AND TITLE OF CERTIFIE	ble	M	M		1	ENSE NU	MBER		29d. OATI		19–90	
2	30. NAME AND ADDRESS OF PERSON WE MARIO F. GOLLE,	JR MD	Se or beather	Control of the Contro		enn St	reet	,Bal	timore	MD 2	21201	V	
	JUN 2 0 1990 or July	CAN GROSSTA	AA'S SIGNATUR	E									

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
)	1. DECEDENT'S NAME (First, Middle, Last)		JOHN DON	ELLY		2. DATE OF DEATH MONTH	, 1990	VEAD	ME OF DEATN
		NELLY							
	4. SOCIAL SECURITY NUMBER 216-01-3366	1XXM 2 □ F 75	YRS. MO	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 6-12-15		Mary	(State or Foreign Land
OB	99. FACILITY NAME (If not institution, give st THE JOHNS HOP			BALT]	MORE	ATN	BALT	Y OF DEATH	CITY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,						li reservi	
DIRECTOR		imore		altimo:					INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZI	EN OF WHAT O	COUNTRY?
FUNERAL	1412 Harper House				21210			JSA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XXYES IF YES, GIVE WAR OR DAY	2 NO			ilC ORIGIN? (Specify ' n, Puerto Rican, etc.)	fea or No.— 1	Black, White	white
0	15, DECEDENT'S EDU	CATION	16e. DECEDENT'S USI	JAL OCCUPATI	ON	16b. KIND OF E	USINESS/INDU	STRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mi tired.)	al of working				
7		4	Civil E	nginee	r	Engin	ering	Firm	l l
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	on Surname)		
0	John J. Donnelly				Agnes	Mathild	a Tarr		
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street		Route Number, City or 1		Code)	
2	Lawre D. Langhoff		The second secon			uthervil			21093
	20a, METNOD OF DISPOSITION 1) Suriel 2 Cremation 3 Rem	20h	PLACE OF DISPOSITI	ON (Name of ce	metery, cramatory or	20c.	LOCATION — C	ity or Town, St	tate
	1X_XBuriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation Ø ☐ Other (Specify)	oval from Stata	other place)	lley M	ausoleum	Lu	thervil	Lle, M	aryland
	Pennis Steph	tiske se	maker	22. NAME A	ND ADDRESS OF FA	efeld Home	e 6500	York	Rd 21212
一	23. PART i. Enter the dieeesea, or		the death. Do not						Approximate
		List only one cause on es	ch line.						Interval Between Onset and Death
	resulting in death)	OUE TO (OR AS A	consequence of:	1066	Tomos VV	lultifo	TWI C		1 Months
NO	Sequentielly list conditions,	bDUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c.							
Ē	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
H	resulting in deeth) LAST	d							
	PART II. Other significent condition	na contributing to death be	it not reculting in t	he underlylr	g cause given in		AN AUTOPSY		E AUTOPSY FINDINGS
EDICAL	(1) 4/2 MIX	3 (2)	Atrial fr	bollate	7		ORMED?	COM	LABLE PRIOR TO PLETION OF CAUSE DEATH?
	3 CAD	(k)	H/o Pulme	6,	16oli				YES 2 NO
Σ.	(5) Dialete u		Hyperten						2. / 0.//
¥	25. WAS CASE REFERRED TO MEDICAL	Tem as	1 (4 poet (Est	26. F	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	ne 6 🗆 Rasidence	8 Other (Snecks)			
ΞI	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C		JURY AT	28d. DESCRIBE HO	W INJURY OCC	URED	
	Netural 5 Pending	(Month, Day, Year)	INJUR		ORK? YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY		et, factory, offi	CO CO	261. LOCATION (Stre		or Rural Route i	Number,
COMPLETED	4 Homicide determined	building, atc. (Spec	rry)			City or Town, St.	10)		
7	29e. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my knowl	edge, death occurred	it the time, det	e and place, and dua	to the cause(s) and	nanner sa state	d.	
Š	one)	ER: On the basis of examination							menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d, DATE	SIGNED (Mon	th. Day, Year)
BE	1.	Jung w	7 1417	FOR	TILL	1 E9927) (5/10	/1990
2	30. NAME AND ADDRESS OF PERSON WI		-	GRN int)	JHP	-	,	-/1-1	
	DR. WAN	32. REGISTRAR'S SIGN.	ENT AT U	ATT IN	THE THE	LACE LANGE	or Has	DITA!	BALTIN ORG
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE_	10010	140 , 204	IND MOTH	NZ 1103	TITL	11207
	1000								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospit TO THE FUNEFAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

. TO THE HO

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE	OF DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) EDITH D.	DEVEN	JISH			2. DATE OF MONTH		. 19		ME OF DEATH	
	A17-10-0518 H	M 2 X F 10	O YRS.	IF UNDER 1 YE		7. DATE OF 9/6/1	BIRTH			E (State or Foreign	
OR	9a. FACILITY NAME (If not Institution, give street and Magnolia Gardens Nur				wn on Location of the Inham-Seab			Prince George Co.			
PUNERAL DIRECTOR	10a. STATE 10b. COUNTY Md. Prince G	eorge		TOWN OR L	Seabrook					INSIDE CITY LIMITS? YES 2 X NO	
	104. STREET AND NUMBER 8200 Good Luck Roa	d			101. ZIP CODE 20706		П	10g. CITIZEN			
BY FUN		AS DECEDENT EVER IN PRCES? 1 YES YES, GIVE WAR OR DA		If ye	DECENDENT OF HISPA I, specify Cuben, Maxic YES 242XNO Speci	en, Puerto Rice		r No- 14	RACE — Ar Black, Whi Specific		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed to the completed state of th	od) ge (1-4 or 5+)	life. Do NOT use	ork done durin retired.)	PATION g most of working Nurse	16b. KII	Hos	ress/NDUS			
COM	17. FATHER'S NAME (First, Middle, Last) Frank Wooster				18. MOTHER'S N.	AME (First, Midd Eleano					
IO BE	19a. INFORMANT'S NAME (Type/Print) Mr. C. Frank Poole		19b. MAILING 2040	ADDRESS (St	eet and Number or Aural	Route Number	City or Town.	State. Zio Co	^{de)} 214	01	
	20e. METHOD OF DISPOSITION 1	go State IDMEnt	PLACE OF DISPOSI	TION (Name o	of cometery, cremetory or Mausoleu		20c, LOCA	TION City	or Town, S	Town, State Ce, Md.	
	21. SIGNATURE OF PUNERAL SERVICE L. FIGHE C. SHETMAN D. THE	Augus 3	/		TCHELL-WI					21212	
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C.										
EKIL	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
EDICAL	PART II. Other significant conditions cont JENIUE DEMENT	at not resulting in	tha under	lying cause given in		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2			E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO		
A P	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER? HOS	PITAL:		OTHER!	PLACE DF DEATH (C						
PHYSICIAN: M		Se. DATE DF INJURY (Month, Day, Year)	28b. TIME	OF 28d	Home 5 Residence	8 U Other (S		IURY OCCUP	NED		
EU BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detaymined	8a. PLACE OF INJURY building, atc. (Speci	— At home, farm, at		YES 2 ND	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the								ause(a) and	manner as stated.	
BE BE	296. SHOUNTHINE AND TITLE OF ENTRYPER	γ			29c. LICENSE NU	NUMBER 29d. DAT			SIGNED (North, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO COMM	LE MO	7500 (Print) Seen	Der Ch	Dr. C	Trees	sel	1/k	12077	
	31. DATE FILED (M. 20) 1990 3	2. PRESIDENT SIGN	TURE AND A	L	7						

Citil II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OI	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) ANNA EL	IZABETH DA	AHLER			JUNE 19,	1990 YEAR	3. TIME OF DEATH
	214-16-6909	M 2 € 92	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 3,	1897 M	ATHPLACE (State or Foreign unity) aryland
TOR	99. FACILITY NAME (If not institution, give street a 6512 Beverly Rd. RESIDENCE OF DECEMENT	and number)	96		altimore	ATH	ec. COUNTY OF	timore
DIRECTOR	10%. STATE 10%. COUNTY Maryland Ba	ltimore	10c. CITY, TO	altimo				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL D	100. STREET AND NUMBER 6512 Beverly Rd.	I CIMOT C	, b		of. ZIP CODE 21239		10g. CITIZEN O	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2)(NO	If yes,		IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No- 14. R/	ACE — American Indian, lack, White, atc. pacify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th	oleted) bliege (1-4 or 5 +)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	done during (tired.)		16b. KIND OF BUS	SINESS/INDUSTRY	,
COM	17. FATHER'S NAME (First, Middle, Last)		Homema	it C i	16. MOTHER'S NA	ME (First, Middle, Melden	Surname)	
BE	Henry Trapp 190, INFORMANT'S NAME (Type/Print)		19h MAILING AD	DRESS (Street	Emma i	BUNK Route Number, City or Tow	m State Zin Code)	
2	porothy M. Dailer	Gerlach				ltimore, M		
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State S	PLACE OF DISPOSITION OTHER PLACE OF DISPOSITION	Luther	ran Churc	n Blenheim	Jacks	Town, State SONVILLE, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSES AMES F. BUTTS	unigh. S	h,	Mit 650	and address of fa chell-Wied York Rd	defeld Home Baltimore	e, Inc. e, Md.	21212
	23. PART I. Enter the diseases, pr com shock, or heart fellure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on as	tha death. Do not chiline.	antar tha n	noda of dying, auc	h aa cardlac or reap		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	HTN.	CONSEQUENCE OF):					
ERTIF	that initiated events resulting in death) LAST	DUE TU (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions of	intributing to death be	ut not reaulting in t	he underly	ing cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAR.ABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
ICIA		OSPITAL:		THER:	PLACE OF DEATH (Ch			
BY PHYS	1 YES 2 NO 1 1 27. MANNER OF DEATH Netural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME O		NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED)
	3 Suicide a Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	At home, farm, streetfy)	ot, factory, of	fice	261. LOCATION (Street City or Town, State)		ral Route Number,
COMPLETED	one)	t: To the best of my knowled the best of examination						se(e) and manner as stated.
BE	29b. SIGNATURE OF THE SE STIFFER	MO.			D 2		P G	19/90 3
5	30. MARIE AND ANDRESS OF PERSON WHO CO Stephen Laiken,	M.D. 6300	N. Charl		. Baltimon	re, Md. 2	1212	/
	JUN 20 1990 Julian	ez, REGISTRATE SION	NASE.					

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be returned by the 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: Il liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-30rs after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun he find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exa-
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2:7501601 1626376 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 3. TIME OF DEATH BOTH YEAR YOA M DEMBI .) A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea 6. BIRTHPLACE (State or Foreign 7-09-3607 1 - M 2 F 15-03 ma 1-9e. FACILITY NAME (If not institution, give street e 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5 BAltamere & COURS DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mil. BALLmore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ()· S. 3313 21216 SALOC 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Quben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried Specify ΒY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
the. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Brown 7 Borge be notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Duwba 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of co. must miner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March 4300 1 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Candion yo path DUE TO (OR AS A CONSEQUENCE OF): Vantricular CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Sen: le dementir DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST possible PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE obstructive 1 TYES 2 NO OF DEATH? Depressia 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 8 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investiga ВҰ 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.

anta

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated.

29c. LICENSE NUMBER

alac

31861

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Likia Davidson-Randall HINO 0 1990

KITT

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29b, SIGNATURE AND TITLE OF CERTIFIER

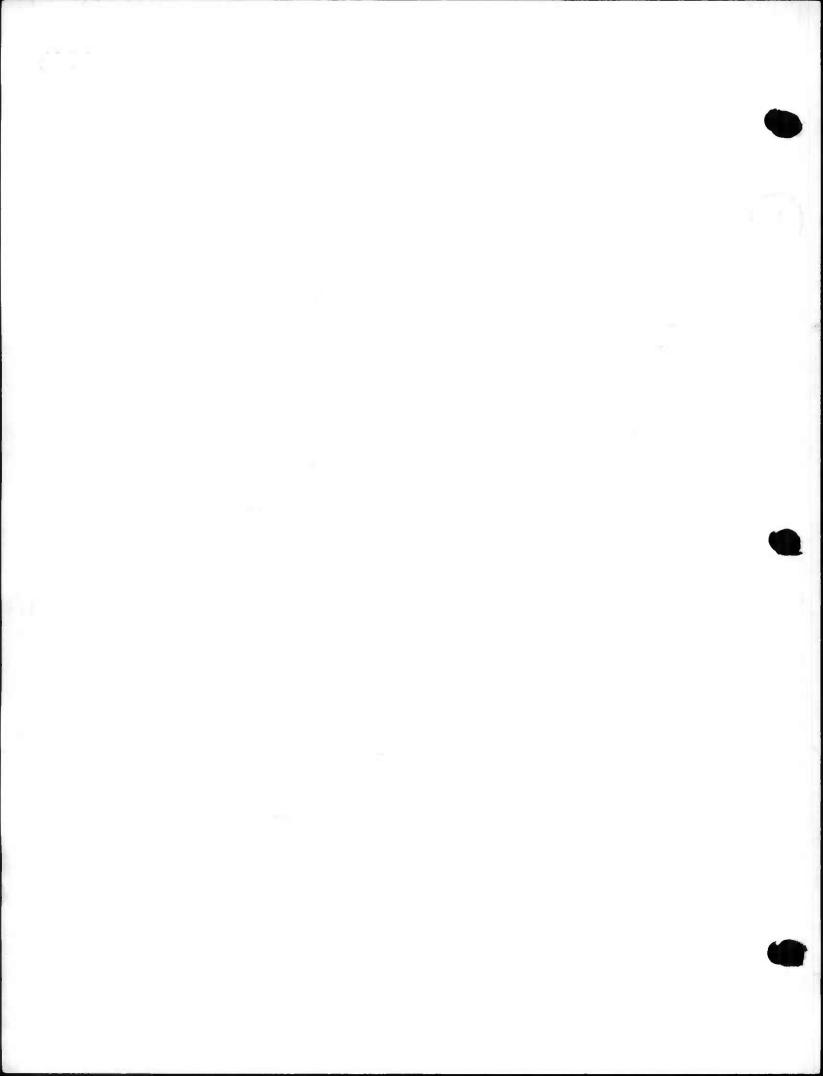
Rm

PLOGRE, TIEN-CODE

311.

29d. DATE SIGNED (Month, Day, Year)

Bull



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	REGISTRAR		CEH	TIFICA	TE O	F DEA	H		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH	Υ	YEAR	3. TIME OF DEATH	
- 1	DLUMA		BANK					6	17		90	11:47 a.	М
	4. SOCIAL SECURITY NUMBER	1)	GE (In yrs. last bir	thday) IF U	NDER 1 YEAR		24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Count	IPLACE (State or Foreign	
	213347596	1 🗆 M 2 🖵 F	83	YRS.	JAN SAIT	, noons	wire.	8-1	0-06		We	st Virgi	nia
	St. Agnes Hos	treet and number)		9b.		timo:		ATH		9c. COU	NTY OF C	EATH	
5		pitai			Dai	CINO	LE						
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10	De. CITY, TO	WN OR LO	CATION						10d. INSIDE CITY	\exists
Ĕ	MD	Baltimo	re									LIMITS?	
	10e. STREET ANO NUMBER					101. ZIP COO	F			10a CIT	ZEN OF V	WHAT COUNTRY?	\dashv
R	610 Plymouth	Road					229			109. 011	USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARME	, I	13. WAS D	ECENDENT C		VIC ORIGIN?	(Specify Yes	or No-			\dashv
	1 Never Married 2 Married	FORCES? 1 Y	ES ZYNO	S 2000 If yes, specify Cuban, Mexi					can, etc.)		Blac	E — American Indian, k, Whita, etc.	- 1
B	X X Widowed 4 Olvorced	IF TES, GIVE WAR OF	H DATES		' ' '	ES TEL NO	Specin	γ.			Spec	white	- 1
COMPLETED	15, OECEOENT'S EDUI (Specify only highest grade		16a. DECED	ENT'S USU	L OCCUPA	TION most of worlds		16b.	KINO OF BUS	SINESS/INI			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	red.)	most or works	rij						-1
F	unknown	l _	te	teacher					altim	ore	Cor	ınty	
Ö	17. FATHER'S NAME (First, Middle, Last)		. 1	-		18. MOT	HER'S NA	ME (First, M	iddle, Malden	Sumame)		*	\neg
BE	Jonathan Wal	ters Inat	cner	cher Paulina Hens									
9	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street	et and Number	or Rural	Route Number, City or Town, State, Zip Code) ive/Balto. MD 21228				000	
F	Bettie E. Sco	7.7		12 W	. EI	pine	pri	Lve/E	.228				
- 1	20a. METHOD OF DISPOSITION 1 X Burel 2 Cremation 3 Rame	ovel from State	20b. PLACE OF	DISPOSITIO	N (Name of	cemetery, crer	natory or	20c. LOCATION — City or Town, Stata					\neg
	4 Donation 5 Other (Specify)		Drui	d Ri					Bal	time	ore,	MD	
	22. NAME AND ACORESS OF FACILITY Sterling Ashton Funeral Home, PA												
	MURIOR	1 / K/V	11									iD 21228	
	23. PART I. Enter the disesses, or o	complications that cau	sed the death	. Do not e								Approximete	\dashv
	shock, or haert fallure. List only one ceuse on sech line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition Pulmonary Thromboemboli massive hilatoral												"
	resulting in death)												\dashv
_	_											ĺ	
EDICAL CERTIFICATION	Sequentially list conditions,	DUE TO (OR A	AS A CONSEQUE	NCE OF):								1	
¥	if any, leading to immediate cause. Enter UNDERLYING												
Ē	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
F	resulting in death) LAST												
2	PART II. Other significant condition	a contributing to doct	th hast mot man	ultime in th	a rendant	dan sairas	mlisam lm	Dort i	24e, WAS AN	ALFRANCY		. WERE AUTOPSY FINDING	
7	PART II. Other significant condition	is contributing to deat	in Dut not rest	aiting in te	e underly	ing ceuse	given in	Part I.	PERFOR		241	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă								-	1 X YES 2	□ NO		OF GEATH?	- 1
Σ												1 X YES 2 NO	-1
Z			· · · · · · · · · · · · · · · · · · ·										_
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	HER:	PLACE OF C	DEATH (Ch	eck only one	•)		-		\neg
ΥS	1 TYES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 X ER/		6b. TIME OF		ome 5 R	esidence	T					4
	1 VNatural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		INJURY		INJURY AT WORK?	7	28d. OEŞ	CRIBE HOW I	NJURY OC	CUREO		
BY	2 Accident Investigation					YES 2	_ NO						-
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (Specify)	, farm, street	; factory, o	Mice			r Town, State)		r or Hurai	Route Number,	- 1
COMPLETED	- Callell - Process				_		_						_
립	CHOCK OTHY	ICIAN: To the best of my k	nowledge, death	occurred at	the time, o	ate and place	, and due	to the caus	ee(a) and ma	nner aa sti	nted.		
O	one) 2 MECICAL EXAMINE	atigation, in	my opinio	n, death occu	red at the	time, data	and place, ar	nd dua to t	tha cause(a) and menner as stated.	-1		
EC	295 SIGNATURE AND TITLE OF BERTINE					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	(Morith, Day, Year)	1
00	Michel & le	lezar	ND			DOG	9990			>	5-18-	-90	
	AN MARKE AND ADDRESS OF DEDGON HE	O COMPLETED CAUSE OF	OEATH (ITEM 2	7) (Type, Prin	()	1 20.	0					/	7
2	30. NAME AND ADDRESS OF PERSON WH												
1			900 CA	TON A	VENII	E. RAI	ттм	ORE	MARVI	ΔND	2121	29	
ΣŢ	MICHAEL E. PELCZ			TON A	VENU	E, BAI	LTIMO	ORE,	MARYL	AND_	2122	29	4

3. TIME OF DEATH

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Am

1 -

		4. SOCIAL SECURITY NUMBER 705-05-786		5. SEX	6. AGE (In	yrs. last birthday) YRS.	IF UNDE	DAYS	HOURS	24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year)	01.6	8. BIRTHPLA	CE (State or Foreign
should		90. FACILITY NAME (If not in		21	13	_	9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		-14-1		ITY OF DEAT	A CONTRACTOR OF THE PARTY OF TH
ر د	DIRECTOR	18 Foy Ro	l. Der	ton Md			Dei	ntor	1				Car	olin	e
les 1,	EC	10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION					100	I. INSIDE CITY
it. Pages	PIG	Md.	Dent	on Md.			Car	olin	ie					X	LIMITS? YES 2 NO
perm	\¥	10e. STREET AND NUMBER						10	f. ZIP COD	Ε			10g. CITIZ	ZEN OF WHAT	COUNTRY?
transit	FUNERAL	Rt # 2 Box	: 7 Sh	arp Rd						1629			L Ţ	LS.A	
the bunal-transit permit.	ВУ	1 Never Merried 2 2 3 Widowed 4 Divo		FORCES?	YES	2 X NO	13	If yes, sp	DENDENT CONCERNS CONTROL	n, Mexico	n, Puerto	Y? (Specify Yea Rican, etc.)	or No-	Black, W.	American Indian, hite, etc. hite
use as	TED		EDENT'S EDU			16e. DECEDENT'S (Give kind of life. Do NOT u	Work done	OCCUPATION OCCUPATION	ON ost of workin	ng	188	. KIND OF BUS	SINESS/IND	USTRY	
od for	COMPLET	Elementary/Secondary (I) - 12)	College (1-4 or 5	+)	Chief					1	Railro	nad		
detach once.	MO	17. FATHER'S NAME (First, M	liddle, Last)					-	_			Middle, Melden			
d be	BE C	Pius A. 1	Fishe	r					Et	hel			-		
5 should notified	TO B	190. INFORMANT'S NAME (1						ber, City or Town			
age 5 be no		Elizabeth			Look	Rt#2					Rd.	Dento			
filled in by the funeral director, page 5 should be detached for on, or removal. Ne medical examiner must be notified at once.		20e. METHOD OF DISPOSIT 1		oval from State		other place) reen M					. ,		to.	City or Town, M 리	State
al dire		21. SIGNATURE OF FUNERA	_	CENSEE	- 1 G	reen M	22	. NAME A	NO ADDRE	SS OF FA	CILITY				
e funeral di I. examiner		>kita.		arb).	to							Funer			
d in by the or removal medical		23. PART I. Enter the d										ing F			Approximata
lled in		ehock, or h	nei	List only one car											Interval Batween Onset and Death
ompletely fill, il, cremation, evenil, the		disease or condition resulting in deeth)	\rightarrow	. Meta	sta	tic	Co	lon	C	aN	ce	~		_	
al, cre				DUE TO	OR AS A	CONSEQUENCE (OF):								
by the attending physician and completely filled in by the and Mental Hygiene prior to burial; cremation, or removal in Julyi, or other traumatic event, the medical or injury, or other traumatic event, the medical or injury.	RTIFICATION	Sequentielly liet condit If any, leading to imme		bDUE TO	OR AS A	CONSEQUENCE C	IF):								
prior r trau	CAT	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	с											
anding phy Hygiene I or other	TE	that initiated evente resulting in death) LAS		DUE TO	OR AS A	CONSEQUENCE O	OF):								
attend mtal H	CEF			d											
ed by the att th and Menta any Injury,		PART II. Other significa	ant condition	e contributing to	deeth bu	t not resulting	in tha u	underlyin	ng cause	given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
8 E 8	EDICAL											1 - YES 2	KNO		MPLETION DF CAUSE DEATH?
000	Σ										_		•	1 (YES 2 NO
23 Pept	AN:	25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF D	DEATH (Ch	nak anly a	nel			
certificate h h the State [d, or item	SICI	EXAMINER?		HOSPITAL:	☐ ER/Outpar	tient 3 DOA	OTHE 4 No	ER:	no 5 0						
After this certif death with the s marked, or	PHYS	27. MANNER OF DEATH		28e. DATE Of	F INJURY Day, Year)	28b. TII	1	28c. IN.	JURY AT ORK?	-	_	SCRIBE HOW I	NJURY OCC	CURED	
offer this c leath with marked,	BY I	1 Netural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	NO					
after 28 i	8	3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE (building	of INJURY - , etc. (Specif	— At home, ferm, (y)	atreet, fa	ictory, offic	Ce		28f. LOI City	CATION (Street of Town, State)	and Number	or Rural Rout	e Number,
TO THE FUNERAL DIRECT DE FILE FOUR TO THE FILE FUNE FILE FUNE FILE FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUN	COMPLET	anal		ICIAN: To the best o											d menner ee stated.
THE FL Fled wi	BE (29b. SIGNATURE AND TITLE	OF CERTIFIE	7	4 1				29c. LIC	ENSE NUI	MBER				onth, Day, Year)
E Be	TO	30. NAME AND ADDRESS O	F PERSON WIL	O COMPLETED CAL	ISE OF DEA	TH (ITEM 27) (5-	a Drine1	_	ID3	213	16		6	-15-	70
		TAMES	Si	DOC	DEA	PAT	717	/	4						
		31. DATE FILED (Month, Day,	Year)	P. SEGISTR	APPENDIA				'\						
		JUN 2 0 199	N gu	- Landers											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Fisher

2. DATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examination.

11	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH A		ENTAL HYGIENI REG. NO.	Ē		
i	1. DECEDENT'S NAME (First, Middle, Last)					2	, DATE OF DEATH	,	3. 1	TIME OF DEATH
	Henry	GOELLER						_ 90		8·22 h
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (H	yrs. lest birthday)	IF UNDER 1 YE			Month, Day, Year)			CE (State or Foreign
	217-12-9278 9a. FACILITY NAME (If not institution, give st	1 🖳 M 2 🗆 F	69 YRS.	MONTHS DA	YS HOURS		July 17,1	920	Ma	ryland
OR	Franklin Square	•			ssville		n		timo	
	10a. STATE 10b, COUNTY		10c. CITY	TOWN OR L	OCATION	_			10d	. INSIDE CITY
DIRECTOR		altimore		Mic	dle Riv	ær			1 [LIMITS? YES 2 🙀 NO
FUNERAL	100. STREET AND NUMBER 3814 ClarksPoin	+ Poad			101. ZIP COOE	1220		1111	N OF WHAT USA	COUNTRY?
N I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS			ORIGIN? (Specify Yea		RACE -	American Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If ye		Mexican, I	Puerto Ricen, etc.)		Specify:	hite, atc. Thite
	15. DECEOENT'S EDUC		16a. DECEOENT'S I	SUAL OCCU	PATION		16b. KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	(Specify only highest grade	College (1-4 or 5 +)			g most of working		2 2 .		01.7-	
MP	12th		Mechan:	1C				rson	OTas	
	17. FATHER'S NAME (First, Middle, Last)	1					(First, Middle, Maiden	Surname)		
BE	Frederick Goel	Ter	10h MAN BIG	ADDRESS (S)		ance	ite Number, City or Town	Otete 7io C	orio)	
2	Darlene Goeller						BAltimor	1		21220
	20a. METHOD OF DISPOSITION 1	oval from State	place of disposion other place) Gardens					STILL SVILL		the state of the s
	21 SUCHATURE OF FUNERAL SERVICE LIC		Gardens (E AND ADDRESS			POATTT	e mu.	·
	Connelly	unulal	llone,	Co	onnelly	Fune	eral Home	300MA	ceAve	.21221
	23. PART I. Enter the diseases, or c	omplications that caused List only one cause on ea	the death. Do n	ot enter the	mode of dyin	g, such a	as cardlec or reapi	ratory arres	it,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition	Myocardia		ection	2					Interval Between Onset and Death
	resulting in death)		CONSEQUENCE OF		.1					
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	-					
ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AC A	CONSEQUENCE OF							
CERTIFICATION	that initiated events reaulting in death) LAST	d.	CONSECUENCE OF	, .						
	PART II. Other algnificant condition	s contribution to death b	ut not meulting i	n the under	fulna ceuse al:	ven in Dr	nrt I. 24a. WAS AN	AHTOREY	24b WE	RE AUTOPSY FINDINGS
EDICAL	agmount gooding				lying dadde gr		PERFOR	MED?	CO OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Σ ;							-		''	123 2 110
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF OE	ATH (Check	k only one)			
PHYSICIAN: MEDIC	1 YES 2 NO	HOSPITAL;				- T	Other (Specify)		050	
ву Рн	1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ	URY	WORK?		28d. DESCRIBE HOW II	NJUHY OCCU	MED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, s	treet, factory,	office	- 2	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,
COMPLETED	[CHOCK CHIP	CIAN: To the best of my knowl R: On the basis of examination								d manner as stated.
H	296. SIGNATURE AND TITLE OF CENTIFIES	en I			29c, LICEN	NSE NUMB	ER	29d. DATE :	SIGNED (NO	inth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO									
	R. Carandang	32. DEGISTRAR'S SIGN	ATURE	n Sqi	are Di	rive	Baltim	ore, M	Id. 2	1237
	JUN 2 V 1991	1 gulia Davido	n-Broke							

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / CE			F HEALTH AND OF DEATH	MENTAL HYGIE REG. N		16/68				
	1. DECEDENT'S NAME (First, Middle, Lest)	riswould	/			2. DATE OF OEATH MONTH	DAY YEAR	3. TIME OF DEATH 12:42 A. M				
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In yrs. last		IF UNDER 1 YE	AR IF UNDER 24 HRS	10.0 - AL 10 - 14 - A	Co	RTHPLACE (State or Foreign untry) N. C.				
DIRECTOR	9a. FACILITY NAME (If not institution, give street a Maryland General F				WN OR LOCATION OF IMORE	DEATH	9c. COUNTY O	F DEATH				
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		40. OITY	TOWN OR L	20171011							
E I				ltimo				10d. INSIDE CITY LIMITS?				
	Md.		Do	шш	10f. ZIP CODE			1 YES 2 NO				
RA	2705 Rosalin				21215		10g. CITIZEN C	F WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES	MED	If ye	OECENDENT OF HIS s, specify Cuban, Max	PANIC ORIGIN? (Specify) dcan, Puerlo Rican, etc.)	les or No 14. R	ACE — American Indian, lack, White, etc.				
D BY	3 Widowed 4 Divorced						1 3	Plack				
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)	leted) (Giv		USUAL OCCU ork done durin retired.)	PATION ig most of working	16b. KIND OF B	USINESS/INDUSTR	Y				
BE COM	17, EATHER'S NAME (First, Middle, Lest)	ould			16. MOTHER'S	NAME (First, Middle, Maide	N Surname)					
TO B	199_INFORMANT'S NAME (Type/Print)	196.	MAILING	ADDRESS (ST	-duand	rel Route Number, City or R	own, State, Zip Code	7 3 1-				
	20a. METHOD OF OISPOSITION 1 Burlal 2 Cramation 3 Hamana	20b. PLACE Cother ple	OF DISPOS	ITION (Name	of cometery, crematory	or 20c. 1	OCATION - City o	r Town, State				
	Donation 5 Office (Specify)	MM	T	Cal l	AE AND ADDRESS OF	EACH ITY	no H	rundel, Co red				
	· Sont M	wel_		100	arch 1	Wabash	Ave					
	23. PART I Enter the diseases, or comp	ilications that caused the dec	ath. Do n	ot enter the	mode of dying, a	uch as cerdiec or res	piretory arrest,	Approximate				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Aspiration	~ /		monia			Interval Between Onset and Death				
NO												
FX	if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (ON AS A CONSEQ	IDENCE OF).								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST d											
CAL C	PART II. Other algnificant conditions co					In Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
DIC	Multiple Cerebry vas	sculpt stok	-		. U.A.)	1 _ YES		COMPLETION OF CAUSE OF DEATH?				
MEDI	upph of bulling	Liastuts o	n St	ves 4	eers)	0 9		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	4045e,4) KI	0 ma	stiple	10 COLOUR	al affaicl	1025					
PHYSICIAN:	EXAMINER?	SPITAL:	□ DOA	OTHER:		ce 6 Other (Specify)						
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28	c. INJURY AT	28d. DESCRIBE HOV	V INJURY OCCURE	D				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJI		WORK?							
	3 Suicide 6 Could not be datermined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, s	treet, factory,	offica	26t. LOCATION (Stree City or Town, Sta		iral Route Number,				
COMPLETED	one) —	To the best of my knowledge, des						se(a) and manner as stated.				
	296. SIGNATURE AND TITLE OF CONTIFIER				29c. LICENSE	NUMBER	29d, DATE SIG	NgD (Month, Day, Year)				
) BE	Jami Tunzal	an was			Dis		1 61	16/50				
10	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM		Print)								
	JUN20 1990	PZ POUSTALR SUFFERENCE	6									

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to		once.
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Tilled	10U	the r
ompletery	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	KU	m,	M	D		29c. LIC	ENSE NU	MBER 7	3	29d. DAT	E SIGNED (N	lonth, Day, Year)	
COMPLETED	one)	ICIAN: To the best of as											nd manner as stated.	
	3 Suicide 6 Could not be 4 Homicide determined		FINJURY — At h	ome, farm,	street, fac	ctory, offic	ia .			CATION (Street or Town, State		or Rural Rou	te Number,	
ВУ РН	27. MANNER OF DEATN V Natural 5 Pending 2 Accident Investigation	ME OF JURY M	TY WORK?				\$CRIBE NOW	INJURY OCC	CURED					
YSI	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 28e. DATE OF				rsing Nor		asidenca		er (Specify)	IN ILLIANS TO	wine-		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					LACE OF	DEATH (C)	heck only o	one)				
MEDICAL										1 TYES	NO NO	0	OMPLETION OF CAUSE F DEATH?	
	PART il. Other algnificant condition	e contributing to	deeth but not	resulting	In the u	nderlyin	g cause	given in	Part i.	24a. WAS AT PERFO		A	ERE AUTOPSY FINDING	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
CAIL	If any, leading to immediate cause. Enter UNDERLYING Aligheimens disease													
Z	Gastrointestinal bleeding													
	disease or condition reaulting in death)													
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final										interval Between Onset and Dee			
	23, PART I, Enter the disease or	unulal	Ho-	eath. Do			_						21221 Approximate	
	4 Donation 5 Other (Specify)		Ho.	IIy H			etery		CILITY	Ba	altim	ore Mo	d.	
	20a, METNOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Rem	oval from State	20b. PLACE	OF DISPO	SITION (N	ame of ca	metery cre	matory or		20c. LC	CATION —	City or Town	, Stata	
0	19a. INFORMANT'S NAME (Type/Print) Catherine Holt		19								City or Town, State, Zip Code) Ltimore MAryland 212			
BE CO	17. FATNER'S NAME (First, Middle, Last)	=				16. MOTNER'S NAME (First, Middle, Maiden Surname)								
MPL	12th	consign (1-4 or 5+)		Fore	eman									
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(0	ECEDENT'S Give kind of a. Do NOT u	work done			ng		KIND OF BU			Electric	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W					2 NO			Rican, etc.)		Specify:	White	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED			ENDENT	OF NISPAI	NIC ORIGII	N? (Specify Ye	or No-	USA 14. RACE	American Indian,	
	100. STREET AND NUMBER 2331 Turkey Poi	nt Pond			10f. ZIP CODE 21221						10g. CITIZ	EN OF WHA	T COUNTRY?	
DIRECTOR	10a. STATE 10b. COUNTY	BAltimon	:e	10c. CIT	Y, TOWN C		TION					d. INSIDE CITY LIMITS? YES 2 X NO		
10H	Franklin Square	Hospital				I	ROSS1	7i11e	9		Bal	timor	e	
	Se. FACILITY NAME (If not institution, give s	reet and number)		THS.	9b. CITY	r, TOWN (OR LOCAT	ON OF DE		Ly30,19	IOW			
	4. SOCIAL SECURITY NUMBER 215-14-9698		6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	24 HRS.	7. DATE (Mont	OF BIRTN h, Day, Year)		Country)	ACE (State or Foreign	
	Richard	V	ade		HOLT				MONT	e 16,1		YEAR 3.	12:28 A	
	1. OECEOENT'S NAME (First, Middle, Last)												THE OF PERSON	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N.	Afte	leat	E
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a siter death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	inconstants is term 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be no

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HE		NTAL HYGIEN	E	90 1677	
1. DECEOENT'S NAME (First, Middle, Land MARCARE)	- GERTR	ude t	tolder	2.	DATE OF CEATH DA	19 9	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 220-44-9996	5. SEX 1 M 2 TF	E (In yrs. lest birthday) 93 YRS.		IF UNDER 24 HRS. 7. HOURS MIN. S	Month, Day, Year) Sept. 29, 1	896	BIRTHPLACE (State or Foreign Country) Kansas	
99. FACILITY NAME (If not institution, given 2915 Dunmurry	street and number) 9b. CITY, TOWN OR LO Dund							
10a. STATE 10b. COU	BAltimore	10c. CITY	10c. CITY, TOWN OR LOCATION Dundalk			10d. 1 🗆		
10e. STREET AND NUMBER 2915 DUNMURRY 11. MARITAL STATUS			101. 2	21222			OF WHAT COUNTRY?	
3 Widowed 4 Divorced	FORCES? 1 TY	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				or No 14.	14. RACE — American Indian, Black, White, stc. Specify:	
15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last) TOSOPH C Social		16a. DECEOENT'S (Give kind of waitife. Do NOT use		of working	16b. KIND OF BUS	SINESS/INDUS		
17. FATHER'S NAME (First, Middle, Last) JOSEPH G. Seck	18. MOTHER'S NAME (First, Middle, Meiden Surname					,		
190. INFORMANT'S NAME (Type/Print) HOWARD Dale	rey	ey Mary Jane McGriegor 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 115 Patapsco Ave. BAltimore Maryland						
20a, METHOO OF DISPOSITION 1 & Burlel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE OF DISPOS		ferv. crematory or	20c. LO	CATION - City	or Town, State re MAryland	
21 OF GNATURE OF FUNERAL SERVICE	LICENSEE FUMINAL I	Upal		ADDRESS OF FACILI	TY		dalk 21222	
23. PART I. Enter the discusses, shock, or head fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Acute in	ta cuello s A CONSEQUENCE OF	I hemo		•	iratory arrea	t, Approximate interval Betwee Onset and Deal	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF				_		
PART II. Other significant conditions contributing to death but not		but not resulting i	resulting in the underlying cause given in Part i.			AUTOPSY RMED?	24b. WERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MAINTER OF OEATH 1 Netural 5 Pending Investigati	HOSPITAL: 1 Inpetient 2 ER/C	TY 28b. TIM	OTHER: 4 Nursing Home	IK?		INJURY OCCUP	RED	
3 Suicide 6 Could not	28e. PLACE OF INJU	JRY — At home, farm, s Specify)	street, factory, office	20	Bf. LOCATION (Street City or Town, State		Rural Route Number,	
nonel trial	IYSICIAN: To the best of my ki						cause(a) and manner as stated.	
J C O HONOTO	M.	D.		DO 76		29d. DATE S	HGNED (Month, Day, Year) - 19-90	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF 2	OEATH (ITEM 27) (Types	YBAUK	AVE.	BA	-470	MD. 2122	
31. DATE FILEO (Month Pay, Your)	QQn 32 REGISTRAR'S S	IGNATURE ROAD	2		7 (2 - 2 - 2 - 2)			

er must be notified at once.

BALTIMORE, MARYLAND 21203-3146

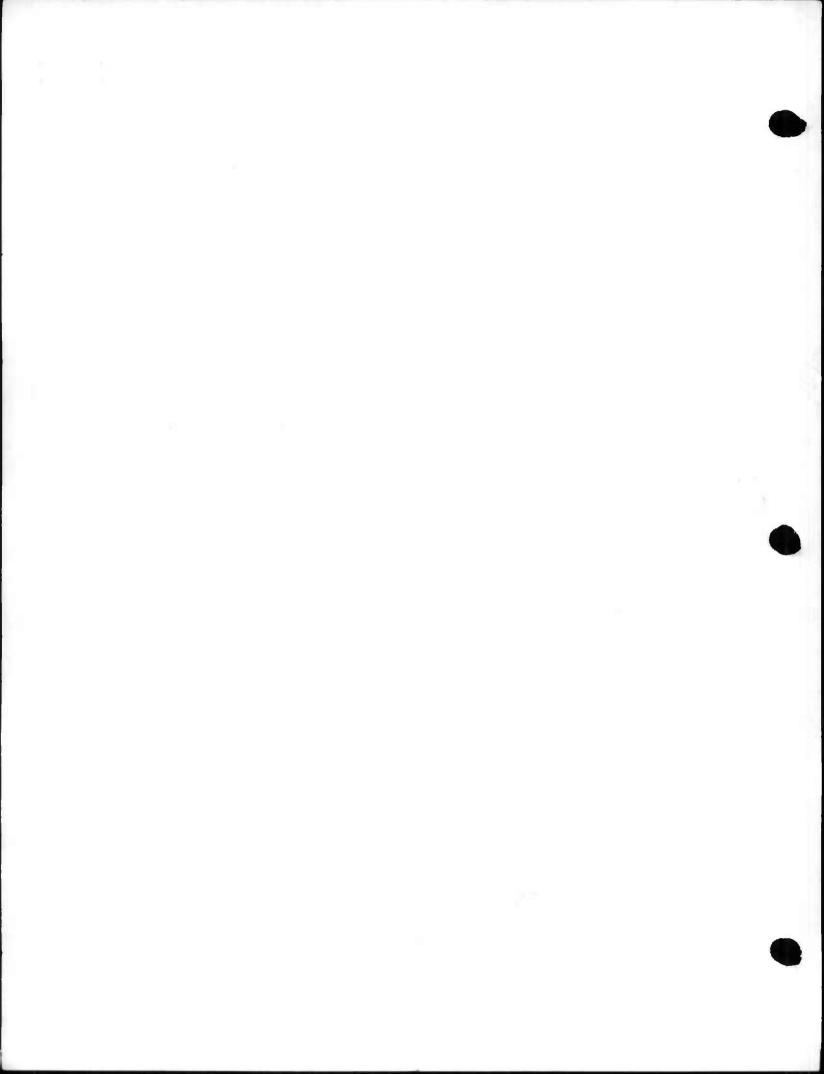
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d within	mpletel	. crema	event,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill and the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the metal
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	1 - STATE REGISTRAR	STATE OF MA		DEPARTMENT RTIFICAT			MENTAL	REG. NO.	E		
į	1. DECEDENT'S NAME (First, Middle, Lest) Will	liam		Но	ff		2. DATE MONTH	0F DEATH 0A	٧	4 = 4 =	0:38PM M
	4. SOCIAL SECURITY NUMBER 215-52-4093	5. SEX 6	3. AGE (In yrs. lest	birthdey) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH 1, Day, Year) 1, 8 194	Ι.	Country)	ege (State or Foreign yland
	9a. FACILITY NAME (If not institution, give str		Y, TOWN O	R LOCATION OF DE		.O 194	_	Y OF DEATH			
TOR	3230 E. Fairmont	: Avenue			Balt:	imore Ci	ty				
FUNERAL DIRECTOR	10a. STATE Md.			10c. CITY, TOWN	or Locati		-		-		. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 3230 East Fairm	ount Ave.			101.	21224			10g. CITIZE	USA	COUNTRY?
À	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N			ENDENT OF HISPAN Helty Cuben, Mexican 2 NO Specify	n, Puerto F		or No— 1	Black, Wi Specify:	American Indian, lita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gi life.	CEDENT'S USUAL (ve kind of work done Do NOT use retired.) Self-emp	during mos	at of working	16b.	KIND OF BUS	SINESS/INDU		
BE CON	17. FATHER'S NAME (First, Middle, Leat) William H, Hoff					18. MOTHER'S NA	, ,		Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Donna Hammonds					nd Number or Rural F				code)	
	20e, METHOD OF DISPOSITION 1 □ Burial 2 💢 Cremation 3 □ Ramo	oval from Stata	20b. PLACE other ple	of disposition (A	lame of cen	netery, cremetory or			cation — c		state ryland
	4 Donation 5 Other (Specify) 21. SyGNATURE OF FUNERAL SERVICE LIC	ENSEE	Mec			D ADDRESS OF FA	CILITY	Do	(I CIIIC	TC LE	rytand
3	Connelly F	unical	Hor	ne)	Conne	lly Fune	ral	Home o	of Dun	dalk	21222
1	23. PART i. Enter the diseases, or c shock, or hear failure. I IMMEDIATE CAUSE (Final	List only one caue	e on each ilna				h ss card	dlac or reap	retory arre	st,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	Chronic	CON AS A CONSECU		h ci	rrhosis				_	
NOIL	Sequentielly list conditions, if sny, leading to immediate	OUE TO (OR AS A CONSEC	DUENCE OF):					<u> </u>		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF):					<u>. </u>		
R	resulting in death) EAST	d									
	PART II. Other algorificant condition	a contributing to d	death but not r	asulting in the u	ındariying	g causa given in	Part I.	24a, WAS AN PERFOR	RMED?	AM	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL								HEAD 8		XXX	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 10. PLACE OF DEATH (Check only one)											
T 25. MANNER OF DEATH 26. DATE OF INJURY 26b. TIME OF 26c. INJURY AT 26d. OESCRIBE HOW INJURY OCCURED											
2 Accident investigation							JRED				
							Number,				
COMPLETED	funder only	CIAN: To the best of r									d menner as stated.
96	29b. SIGNATURE AND TITLE OF CERTIFIES	n				29c. LICENSE NUI	MBER		29d. DATE		onth, Day, Year) 5–90
임	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	E OF OFATH ATE	M 27) (Time Driet)	-	-					

JAMES KAPLAN, MD

OCME AN,MD 111 Penn Street,Baltimore,MD 21201

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	omp	al. C	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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-6	REGISTRAR	TATE OF MARYLAND		MENT OF H			GIENE 3. NO.	20	10/12
	1. DECEDENT'S NAME (First, Middle, Last) TAMES	Alonzo		ston		2. DATE OF DE	DAY	YEAR 3. TIN	I ! 15 PM
Œ	4. SOCIAL SECURITY NUMBER 12-44-75-98 1 1 98. FACILITY NAME (If not institution, give street er LOCK RAYLO	M2 0 F 45		IF UNDER 1 YEAR. MONTHS DAYS 9b. CITY, TOWN (HOURS MIN.	7. DATE OF BIR (Month, Day, 3	19-45	Y OF DEATH	(State or Foreign
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION 10d. IN					NSIDE CITY	
	10e. STREET AND NUMBER	1111	01	Batto 1 101. ZIP CODE 109. CITIZEN OF WHAT C					YES 2 NO
BY FUNERAL	1 Never Married 2 Married F	MAS DECEDENT EVER IN U.S. AFORCES? 1 YES 2 FYES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specian, Puerto Rican, 4	city Yea or No— 1-	4. RACE — Am Black, White Specify: Black	ierican Indian, a, etc.
COMPLETED		leted) ((ECEDENT'S I Give kind of w le. Do NOT use	USUAL, OCCUPATION ork done during more retired.)	st of working	Lev.	of Business/Indus	Kle	ín
BE CO	17. FATHER'S NAME (First, Middle, Last) ALON'ZO 19a. INFORMANT'S NAME (Type/Print)	Hairston		4000000 m	Sa	AME (First, Middle,	Blac	tmo	n
0	SAGIE BUSI	hrad	972	ADDRESS (Street of co.	Franklin	town	RO State, Zip C RO State, Zip C RO STATION — CH	Ho. 1	1d 21216
	1 Separat 2 Cremetton 3 Removal fit 4 Donation 5 Other (Specify)	rom State	olace) Lrr150	n fores	ND ADDRESS OF I	COM	OWINGS	Hills	, MD
	23. PART I. Enter the disesses, or comp	EULAN Ilcations that caused the c	leath. Do n	430 ot antar the mo	O () oda of dying, su	bash 1	AU.Q.	et,	Approximate
	shock, or heart feliure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cryptowo	EOUENCE OF	Meni	ingiti	5			Interval Between Onset and Death
ATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING								
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL C	PART II. Other significant conditions con	ntributing to death but not	resulting i	n the underlyin	g cause given i	1	MAS AN AUTOPSY PERFORMED? YES 2 10 100	COMP DF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
HYSICIAN:		SPITAL:		28. P	LACE OF OEATH (Check only one)	auti psy		
0	27. MANNER OF DEATH 1 Natural 5 Pending	Inpetient 2 ER/Outpetient 26e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DE\$CRIBE	HOW INJURY OCCU	IREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At It building, etc. (Specify)	nome, farm, s	ome, farm, street, factory, office		26f. LOCATION City or Town	(Street and Number on, State)	r Rural Route N	lumber,
COMPLE	(Ornora staty	To the best of my knowledge, on the basis of examination and/o							manner as stated.
O BE C	THE SECURITIES OF CENTIFIES	0			29c, LICENSE N	UMBER	29d. DATE	SIGNEO (Mont)	n, Day, Year)
ř	Loch Rowen	16		Print)					
	JUN 20 1990 July	32. REGISTRAR'S SIGNATURE	2						

	1 - FOR STATE OF MAR	YLAND / DEPARTM CERTIFICA			MENTAL HYGIEN			
1	1. DECEDENT'S NAME (Fire, Middle, Last)	HUEV	, 5,	e,	2. DATE OF DEATH	96	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. last birthday) IF L	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
OR	99. FACILITY NAME (If not institution, give street and number) BON SECULARS HOSPIN	. /		N OR LOCATION OF DEATH 9c.			C/FY	
DIRECTOR	10a. STATE 10b. COUNTY Maryland	10c. CITY, TO	WN OR LOCAT	LIMITS?				
	10a. STREET AND NUMBER	pares		ZIP CODE		10g. CITIZEN	1 🔀 YES 2 🗌 NO OF WHAT COUNTRY?	
FUNERAL	1109 North Ellamont Street			21216		U.S.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	0 If yes, specify Cuben, Maxican, Puarto Rican, etc.) Black, White, 1 YES 2 NO Specify: Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th grade College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	kind of work done during most of working o NOT use retired.)			USINESS/INDUSTRY OTE Gas & Electric Co		
NO.	17. FATHER'S NAME (First, Middle, Last)	345 3311	-		ME (First, Middle, Maiden			
BE	Howard Huey 19a. Informant's name (Type/Print)				Wilkes			
2	Sally Colbert	The state of the s		lamont S	Noute Number, City or Tow St. Balt		Maryland 2121	
	20a METHOD OF DISPOSITION 1 A Surface 2 Cremetton 3 Removal from State	20b. PLACE OF DISPOSITIO other place)				CATION — City		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Arbutus Me					e County, MD	
	· Sury & Roll	lens	2501 Balt:	Gwynns I Imore, Ma	Falls Pkwy arvland 2	1216		
	23. PART /. Enter the diseases, or complications that cause of shock, or heart failure. List only one cause of immediate CAUSE (Final disease or condition resulting in death)	ased the deeth. Do not en each line. Of Droma AS A CONSEQUENCE OF:					Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST B. PNEW A AN A DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
AL C	PART II. Other significant conditions contributing to dear		ne underlying	csuse given in	Part I. 24s. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICA	faces Dermaita	4			1 TYES		OF DEATH? 1 YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Che	eck only one)			
YSIC	1 VES 2 NO 1 Inpetient 2 ER/	Outpatient 3 DOA 4 D			6 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	er) INJURY	M 1 1	RK7 'ES 2 NO	28d. OESCRIBE HOW			
3 Suicide 6 Could not be detarmined 286. PLACE OF INJURY — At home, ferm, streat, fectory, office building, etc. (Specify) 286. LOCATION (Street and Number or Rural # City or Town, State)						Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my light one)						nuse(a) and manner sa stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF REAL SOBER		n)	004	P } L	4	Urls.	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE						
	JUN 20 1990 Flandardon				_		DHMH-16 Rev 1/89	

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mass

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

rioed by the hospital or attending physician.

at once.

BALTIMORE, MARYLAND 21203-3146



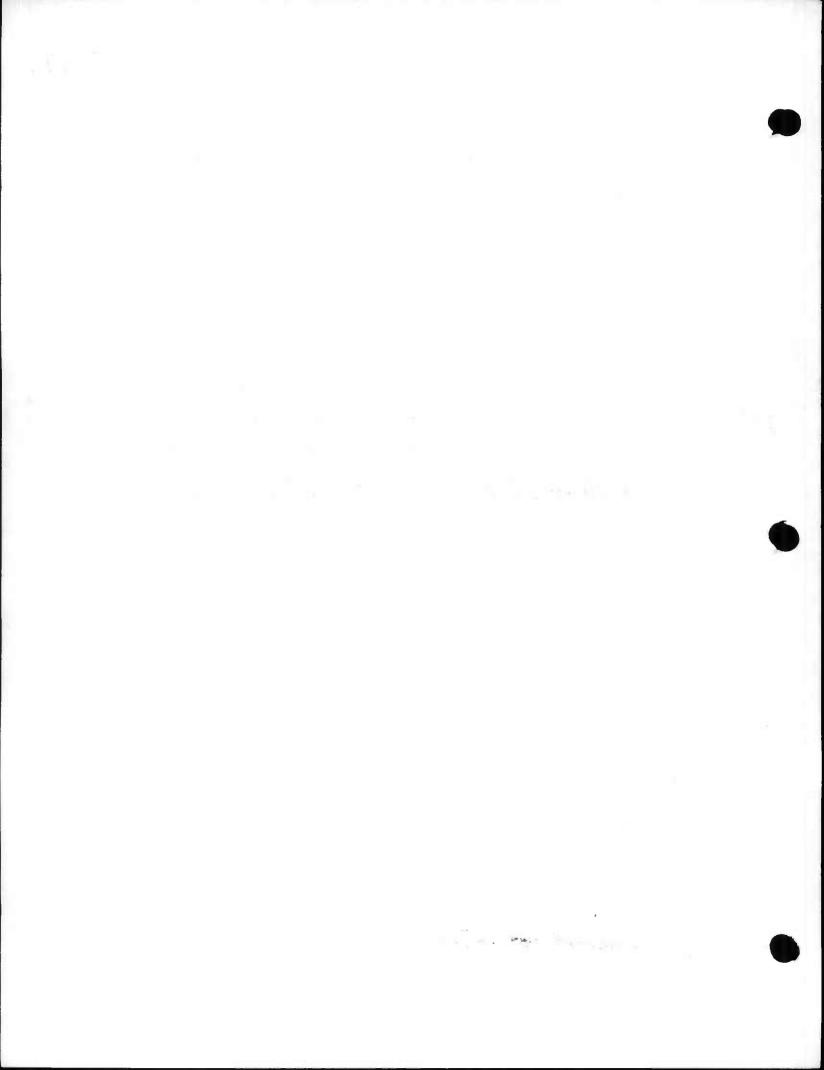
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - STATE REGISTRAR	OIAIL OI III	CE				DEAT		WEN IN	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	aw	MEAN	3. TIME OF DEATH
	LEO G.	HOLLAND							06	19	90	YEAR	9:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE (OF BIRTH			IPLACE (State or Foreign
	219-18-2548	1 TM 2 F 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 02 12 13 MA							ARYLAND				
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	TOWN C	R LOCATIO	N OF OE	ATH		9c. COU	NTY OF O	EATH
O.	3838 ROLAND AVE	NUE APT	r. 511			\mathbf{B}^{A}	LTIM	ORE					
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10e CIT	Y, TOWN C	DR L OCAT	ION.						10d. INSIDE CITY
E	MARYLAND			100.011	BALT								LIMITS?
	10e, STREET AND NUMBER		-				ZIP COOE	8			10g, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	3838 ROLAND AVE	NUE AP	Γ. 511				21211 USA						
2	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1	EVER IN U.S. ARI				ENGENT Of			? (Specify Yes	e or No—	14. RACI Blaci	E — American Indian, k, White, etc.
ВУ	3\(\sum_\) Widowed 4 \(\sum_\) Divorced	IF YES, GIVE W					2 NO					Spec	WHITE
G	15. OECEOENT'S EOUC (Specify only highest grade of	:ATION	16e. OE	CEOENT'S	USUAL O	CCUPATIO	ON st of working		16b.	KINO OF BU	SINESS/INC	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT u	se retired.)	dunng mo	at or working	9					
MPI	8TH			PAIN	TER								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									fiddle, Malden			
BE	EDWARD HOLLA	ND								ROBE			
10	19a. INFORMANT'S NAME (Type/Print) VERA KAPRAUN									or, City or Tow STER.			7
	20a. METHOO OF DISPOSITION 1 Durial 2 A Cremation 3 Ramo	7,63	20b. PLACE	OF OISPO					111111		CATION -		
3	1 Burial 2X_A Cremation 3 Ramo 4 Donation 5 Other (Specify)	wal from State	GRE:	EN M	OUNT	CEM	ETERY	7		BA	LTIM	ORE.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	(1		22.	NAME A	NO AOORES	S OF FA					
	· a alar	~ Seit	- (h.		- 1				-	. FUN			
	23. PART i. Entar the diseases, or c	omplications that	caused the da	ath. Do	not antar	tha mo	da of dyl	ng, suc	h ss card	lac or reap	iretory ar	rest,	21211 Approximata
	shock, or heart failure. I	List only one cau	te on each line										Interval Batween Onset and Death
	disesse or condition	A/1	1 (0	100	new	101	(lus	200					7.0
	resulting in death)	QUE TO	OR AS A CONSEC	DUENCE C	F):								
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100	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEC	DUENCE C	F):								
2	CAUSE (Disease or Injury	A OUE TO	OR AS A CONSE	DIENCE C	NE) .								
Ē	that initieted events reaulting in death) LAST		011 70 71 0011021	0021102	. ,.								į
CERTIFICATION		l											
	PART II. Other significant condition		death but not r	reaulting	in the ur	nderlyIn	g cause g	iven in	Part I.	24s. WAS AP		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL		COPD								1 TYES	2 MNO		COMPLETION DF CAUSE OF CEATH?
ME									_				1 TYES 2 NO
ä													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF O	EATH (Ch	neck only on	10)			
YSI	1 YES 2 NO	1 Inpetient 2		_	4 🗆 Nur	rsing Hon	ne 5 🗆 Ra	sidence	_				
	1 Natural 5 Pending	28a. DATE OF (Month, De	iy, Ybar)	26b. TII	JURY M	28c. IN. W(IURY AT ORK? YES 2	NO	28d. OES	CRIBE HOW	INJURY OC	CUREO	
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE O	FINJURY — At ho	ome, farm,	street, fac				261. LOC	ATION (Street	end Numbe	r or Rural	Route Number,
COMPLETED	4 Homicide determined	building,	etc. (Specify)						City	or Town, State)		
PE	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledga, de	ath occur	red at the t	time, date	and place,	and dua	to the cau	use(e) end ma	nner ae sti	ited.	
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination and/or	Investigati	on, in my	opinion, d	death occur	ed at the	time, data	and place, a	nd dua to t	he cause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 N	0.4	4.0			29c. LICE	NSE NU	MBER	1/10	29d. OA	TE SIGNE	O (Month, Day, Year)
TO B	XX	9 MIN	an r	17]	10	034	MI	1 > 4	0/19	190
	30. NAME AND AGORESS OF PERSON WHO	1	E OF OEATH (ITE	М 27) (Тур	o, Print)	215	PARI	CH	EICH	KJ A	VE 1	द्वित.	my well
	31. DATE FILED (Month, Day, War)	0.000	Z NOC										
	TO V. T. TO V		Q [Q11]										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 2120 irs after death. Page 6 may be retained by the hospital or TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be to be filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR			CERTIFIC	CATE O	DEATH	REC	3. NO.		
1. DECEDENT'S NAME (First		Tell You	Lee Jung	_		2. DATE OF DE			3. TIME OF DEATH
TEL.	T	7	Lee Jung	JE		MONTH	14 9	YEAR	6:35 M
4. SOCIAL SECURITY NUMBER 533 - 10				IF UNDER 1 YEAR	1	7. DATE OF BIRT	TH	8. BIRTI	HPLACE (State or Foreign
9a. FACILITY NAME (If not in	nstitution, give stre	et and number)		9b. CITY, TOW	OR LOCATION OF DE	EATH	9c. COL	JNTY OF C	DEATH
Homewood H		Center		Ba	ltimore C	ity			
10e. STATE	10b. COUNTY		10c. CITY,	TOWH OR LOC	ATION				10d. INSIDE CITY
Maryland			Ва	ltimor					LIMITS?
411 E. Pata	psco Av				21225		- 27	SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X	Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 [X] NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 () NO Specif	en, Puerto Rican, a		14. RACI Biac Spec	E — American Indian, ck, White, etc.
	EDENT'S EDUCA	TION	44. DECEDENTIO	CIAL COCUR	71011	dat warm		-	Oriental
(Specify on	ly highest grade c	ompleted)	(Give kind of wo	ork done during i	nost of working	18b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema						
17. FATHER'S NAME (First, A	fiddle Leet)		пошеша	ikei	T 48 MOTHEDIO NA	ME (First, Middle, I	Maldan Cumamal		
Soung Wai L						im Tam	maiden Surname)		
19a. INFORMANT'S NAME (19h MAILING	nness (Sma	t and Number or Rural		of Town Chain 7	in Codel	
Ying Lun Ju			A YOUR AND A		o Ave.				225
20e, METHOD OF DISPOSIT	ION Berner	mi from State	o. PLACE OF DISPOSI				Oc. LOCATION -		
4 Donation 8 D Other	(Specify)	4	Lorra		k Cemeter				
21. SIGNATURE OF PUNERA			12	22. NAME	AND ADDRESS OF FA	CILITY	Home	Inc	
Jame	es F. Bi	Dursia urnside, Jr.	01.	65	00 York F	Rd. Bal	timore.	Md.	21212
23. PART I. Enter the d	liseeses, or co	mplications that cause	d the death. Do no						Approximata
shock, or h	nel	ist only ona cause on a							Onset and Death
disease or condition resulting in death)	→ .	CARDIO	GENIG	- St	tock				
		DUE TO (OR AS							
Sequantielly list condit	tions, b.	DIE TO 100 AS	M4 3 C A	(21),14	TOF	AIZCIO	.5~		
if any, leading to imme	diate	MALUUT	- O IT	ا					
CAUSE (Disease or Injuthat initiated events	ury C.		A CONSEQUENCE OF						
resulting in death) LAS	т	,	,						
	d.								
PART II. Other significa	ant conditions	contributing to death i	out not resulting in	the undarly	ing causa given in	F	MAS AN AUTOPSY PERFORMED? YES 2 TINO	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						' ' '	123 2 110		OF DEATH?
25. WAS CASE REFERRED T	O MEDICAL			26.	PLACE OF OEATH (CA	heck only one)			
EXAMINER?		HOSPITAL: 1 Inpatient 2 I ER/Out		OTHER:	ome 5 🗆 Residence	8 Other (Spec	ifv)		
27. MANNER OF DEATH		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT		HOW INJURY OF	CCURED	
	Pending Investigation	(WORRI, Day, rear)	4450		WORK? YES 2 NO				
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Poute Number, City or Town State)									
4 Homicide	datermined								
enel		IAN: To the best of my know On the basis of axamination							(e) end menner ea stated.
	2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) end menner ea stated. 29b. StGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Wear)								
A.P. M.	ANSU	IRY ME	(mai	W.F	¥38	0	•		14/90
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)					
31. DATE FILED (Month, Day	1900) 1.6.	N. RENSTRUM	RAYORE						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or ath	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be ned within 72 from 38 ist locatify with the State Dept. Of negativened and member 1/1/2 from 00 from 28 is marked, or (tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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90 16776 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Jackson theis 1950 AM M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 12-1782 5-12-20 1 M 2 - F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ba 110 DIRECTOR 900 HU RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Mexican, Puerto Rican, etc.)
1
YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married BY 3 Widowed 4 Divorced dade COMPLETED 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEDENT'S EOUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street a 2 21093 Ja 20e, METHOD OF DISPOSITION
1 Buriel 2 Cremation 3
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Na 3 Ramoval from Stat HOUR 21. SIGNATURE OF FUNERIA SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diseasa or condition resulting in daath) Stem Intaction Bram DUE TO (OR AS A CONSEQUENCE OF): Diabetes Mellitus CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 - YES 2 NO 1 🗆 YES 2 📉 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident
3 Suicide 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town State) 6 Could not be determined 4 Homicide

29s. CERTIFIER

(Chank ank)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner ea stated.

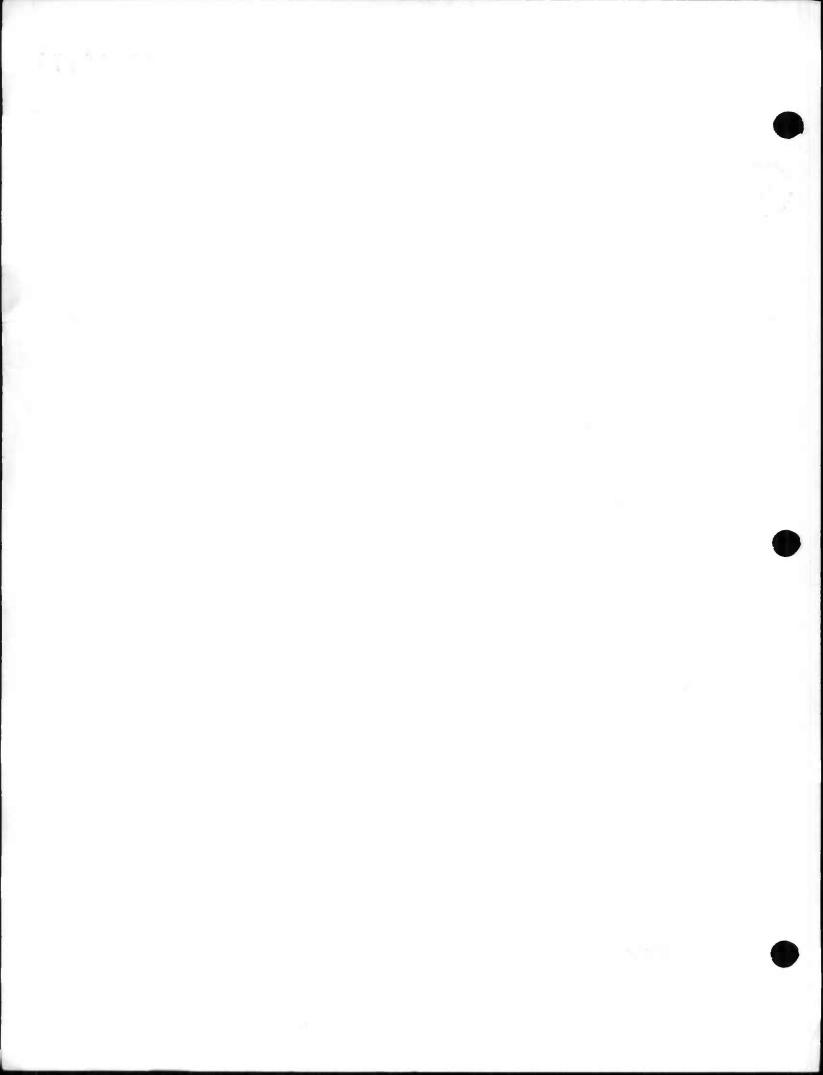
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

wes

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 6-15-90 st. Ag

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MI YUN CHO Agnes Huspital Bultimar 900 Caton MD Ave.



1	-	FOR STATE REGISTR	AF
Г	1. D	ECEDENT'S	N/

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Kinneth NELSon Edward 2. DATE OF DEATH MONTH DA 66 1-	y year 7:20 p m							
	4. SOCIAL SECURITY NUMBER 2/5-05-/840 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) OS-08-	8. BIRTHPLACE (State or Foreign Country) MD							
TOR	9a_FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMISE RESIDENCE OF DECEMENT	9c. COUNTY OF DEATH							
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Baltimore Randalstown	10d. INSIDE CITY							
FUNERAL		10g. CITIZEN OF WHAT COUNTRY?							
BY FUN		or No— 14. RACE — American Indian, Black, White, etc. Specify: White							
		SINESS/INOUSTRY							
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+) Saksman Reta 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden	Il Furniture							
8	100 INFORMANT'S NAME (Street/Print)	Inknown							
2	P Robert Kimmel 3630 Baumgardner Rd-We	STMI NISTEV, PA							
	1 Duriel 2 Cremation 3 Removal from State other piece) 4 Donation 5 Other (Specify)								
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE Mucheal Margullo FUNERAL HOME 110 RKESVIILE, MD 21	0 ReisterstowNRD							
	23. PART I. Enter the diseases, or complications thet glused the deeth. Do not enter the mode of dying, such as cerdiac or reapi shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final	ratory arreat, Approximata Interval Between Onset and Death							
	disease or condition a. ASPIRATION PNEUMONIA Due to (or as a consequence of):								
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
EDICAL CE									
Σ	S TABLETON STATISTICS OF A RIVERS	0F DEATH? 1 YES 2 NO							
PHYSICIAN:	PARKINSON'S DISCASE 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
Sic	EXAMINER? 1 VES 2 NO HOSPITAL: OTHER: OT								
¥	T 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW I	NJURY OCCURED							
ВУ Р	2 Accident Investigation								
ETED	3 Suicide 6 Could not be detarmined 3 Suicide 6 Could not be detarmined 286. PLACE OF INJUST — At nome, farm, street, factory, office City or Town, State)	and Number or Rural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one) 29m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and many one) 20m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and many one) 20m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and many one)								
		29d. DATE SIGNED (Month, Day, Year)							
TO BE		· 6/18/90							
	ESTRELITA O. KU, MJ VEVINJAVE HEBREW GERLATRIC CENTER	1 4 HOSPITA 2.215							
	31. DATE FILED (Month Col Mary)								

and the same in th	or remaining transit permit. Pages 1, 2, 3 should		The second secon
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) A Manda 4. SOCIAL SECURITY NUMBER		ERTIFICAT			REG. NO		
Amanda	00				2. DATE OF DEATH		3. TIME OF DEATH
A COMMA ACCURATE ANNUAL DES	rec.				MONTH D		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
216-14-0727	1 D M 2 1 A 3	YRS. WONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 5-17-07	,	ountry) VIA
9a. FACILITY NAME (If not institution, give atre	et and number)		Y, TOWN C	R LOCATION OF DE		9c. COUNTY	OF DEATH
Home wood Sout	h Hospital Cente	7	Bal	to, mo			
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY							Decrease and the second
m D		10c. CITY, TOWN		ION			10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER			L+	77		I	1 PYES 2 NO
		か/#		ZIP CODE			OF WHAT COUNTRY?
2525 W-BELVEDES	LE AUE (INNS-c)				IC ORIGIN? (Specify Yes		SA RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES 2 21	13.	If yes, spe	cify Cuban, Mexica	n, Puarto Rican, atc.)		Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 [] YES	2 NO Specify	r:		BL4CK
15. DECEDENT'S EDUCA	ATION 16a. DE	CEDENT'S USUAL C	CCUPATIO	N .	16b. KIND OF BU		
(Specify only highest grade of Elamentary/Secondary (0-12)		ive kind of work done . Do NOT use retired.)		st or working			
(1)		HIN					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
WILLIE Wood	\$			MARY	JONES	Woo	ds
19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRES	S (Street a	nd Number or Rural I	Route Number, City or Tow		
GRACE DORSEY	1	429 N.	DECK	CER St	BALL MI	21	217
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove		OF DISPOSITION (N	iame of cen	netery, cramatory or	20c. LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)	- ARbu	TUS ME				ALT.	mp
21. SIGNATURE OF FUNERAL SERVICE LICE	MINT	22	. NAME AN	ID ADDRESS OF FA	CILITY		21213
Betts Fune	ral Home	,	120	N. C.K	POLINE	c+ 1	Roct mo
immediate cause (Finel disease or condition resulting in death)	Due to (OR AS A CONSE		iens,	Perps 1	nrufficero	3	interval Betwee Onset and Dee
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE		•	4 7 144	(5===5		
PART ii. Other algnificent conditions	contributing to death but not	reaulting in the u	inderlyin	g cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
					1 TYES	2 1 NO	OF DEATH?
					_		1 YES 2 NO
					<u> </u>		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE		ACE OF DEATH (Ch	eck only one)		
	1 Dinpatient 2 ER/Outpatient 3	DOA 4 Nu	reing Hom		6 Other (Specify)		
27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28a. QATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		URY AT PRK? VES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0
3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, offic	0	28t, LOCATION (Street City or Town, State	and Number or R	tural Route Number,
one)	IAN: To the best of my knowledge, de						use(s) and manner as stated.
29b. SIGNATURE AND TITLE QF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE SIG	SNED (Month, Day, Year)
Ancher	im. D			D282	66	D 61	19/90
30. NAME AND ADDRESS OF PERSON WHO		M 27) (Type, Print)		04.	6.0	. 91	110
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Home was	32. REGISTRAR'S SIGNATURE	spira	Œ	1001	, acce , in	2. 41	2-10

permit. Pages 1, 2, 3 should

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OF V	PHYSICIAN-
DIVISION OF VITAL RECORDS, P.O.	but an ATTENDING DUNCICIAN. The law requires that the death certificate be executed within
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARY		MENT OF I			HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)		10			2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
	17-7	JOHN	J.	1	INGNER		e 18,1		7:32 A M
1	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lev: Yearl	Cou	THPLACE (State or Foreign intry)
	213-18-9618	1 🔀 M 2 🗆 F	69 YRS.				28,19		Maryland
~	9a. FACILITY NAME (If not institution, give s	-			OR LOCATION OF DE		9	COUNTY OF	DEATH
DIRECTOR	Francis Scott Key	<u>Medical Ce</u>	enter I	Baltin	nore City				
35	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
0	Maryland		Bal	timore	City				1 X YES 2 NO
₹AL	10e. STREET AND NUMBER			10	f, ZIP CODE		1		F WHAT COUNTRY?
FUNERAL	5529 Whitby Rd.	T		1	2120			U.S	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 X YI	S 2 NO	If yes, s	CENDENT OF HISPAN ecify Cuben, Mexica	n, Puerto Ric		81	ACE — American Indian, ack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	W II	1 L YES	2 X NO Specify	<i>i:</i>		Sp	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. K	IND OF BUSIN	ESS/INDUSTRY	,
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during me retired.)					
MP	9 yr's		Police	Office					y Police Dept
8	17. FATHER'S NAME (First, Middle, Last) John C		Lingnon		18. MOTHER'S NA RUTH	ME (First, Mid	dle, Melden Sui		
B	19e. INFORMANT'S NAME (Type/Print)	•	Lingner	ADDRESS (Street	and Number or Rural I	Route Number	City or Town 5	LOT	ig
2	Mrs. Helen R. Li	ngner	1 To 1 To 1 To 1 To 1 To 1 To 1 To 1 To	e as #1			,		
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPOS other place)				20c. LOCAT	TION — City or	Town, State
- 1	4 Donation 5 Dother (Specify)		Pa		6/21/90		Bal	ltimore	e,Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Paul L H	artsock, Jr.	22. NAME A	ND ADDRESS OF FA	В	altimo	re. MD	. 21214
	Hay Litta	toock.		Leo	nard J. R	Ruck,	Inc.	5305 H	larford Rd.
	23. PART I. Enter the diseases, or shock, or haart failure.			ot antar tha m	oda of dying, suc	h as cardia	c or respirat	tory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final		- 1		7 . (Onset and Death
	disease or condition resulting in death)	. Thyoc	S A CONSEQUENCE OF	Xn/	ARCVIO	>			minutes
		DUE TO (OR A	1 - 1 IL	11 10 10					4000
ON	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	DUC PE	-3/12				93210
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C							
	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	7):					
CERTIFICATION	Todaling in duality Excit	d							
	PART II. Other significant condition	ns contributing to deat	h but not resulting i	n the underlyi	ig cause given in	Part i. 2	4a. WAS AN AU PERFORMI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						_ 1	□ YES 2	-	COMPLETION OF CAUSE OF DEATH?
ME						_			1 TES 2 NO
PHYSICIAN:						1			
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
HYS	1 YES 2 NO	1 Inpatient 2 ER/			ne 5 A Residence			URY OCCURED	,
	1 Netural 5 Pending	(Month, Day, Yes	ir) INJ		ORK? YES 2 NO				
р ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJ building, etc. (URY — At home, farm, s	street, factory, off	ce		ION (Street and Town, State)	d Number or Ru	ral Route Number,
	4 Homicide detarmined					only or	ionii, ololoj		
COMPLETED		SICIAN: To the best of my k	nowledge, death occurre	ed at the time, da	e and place, end due	to the cause	e(e) end menne	er ee stated.	
OM	one) 2 MEOICAL EXAMIN	ER: On the basis of examin	ation end/or investigation	n, in my opinion,	death occured at the	time, date er	nd place, end	due to the caus	se(e) and manner as stated,
BE C	29b. SIGNATURE AND THILE OF CENTIFIE	R	. 01		29c. LICENSE NUI			29d. DATE SIGN	IEO (Month, Day, Year)
0	1 Coxelle	ser laur	M		INO	966	0	- 6/	18/90
	R. Patterson F				itan Uoca	i+ - 1			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	IGNATURE -	u Jaillat	itan Hosp	lldl			
	JUN2 01990 S	32. REGISTRAR'S S	andello						

	D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a financial after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBI ETER BY BUYCHAM, MERICAL CERTIFICATION
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	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest) VIR GINIA	MARY	LEON	E		2. DATE OF DEATH MONTH	18 199	3. TIME OF DEATH 2: 50 A-M
		□ M 2 X F 9	3 YRS.	F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) MARCH 6	6. E	IRTHPLACE (State or Foreign ountry) Italy
TOR	Good Samarit	4.4			more	City	ye. commercial	OF DEATH
DIRECTOR	Maryland 10b. county		10c. CITY,		altimore	City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1617 Ralworth Roa	ıd		101	ZIP CODE	1218		of what country?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe		IC ORIGIN? (Specify Y n, Puerto Rican, atc.)	ee or No- 14.	RACE American Indian, Black, White, atc. Specify: White
COMPLETED			He. Do NOT use	k done during mo- retired.)		16b. KIND OF B	USINESS/INDUST	RY
OMP	6 17. FATHER'S NAME (First, Middle, Last)		Hous	ewife	18. MOTHER'S NAM	ME (First, Middle, Maide	n Surname)	
BEC	Anthony	Lo	mbardi		Ag	nes	А	lvigi
၉	190. INFORMANT'S NAME (Typo/Print) Laura R. Leone		100000000000000000000000000000000000000			Baltimore		
	20a. METHOD OF DISPOSITION		PLACE OF DISPOSIT				OCATION - City	
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Remova 4 🗆 Donation 5 🗆 Other (Specify)		Holy Rede		6/21/90			Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	mill		Leona		ck, Inc.	5305 H	214 arford Rd.
N	23. PART i. Entar the diseases, or conshock, or heart fellure. Lis immediate CAUSE (Final disease or condition resulting in death)	Resp) ? DUE TO (OR AS A	CONSEQUENCE OF:	Fas		is a cardiac of res	priatory silest,	Approximate interval Batween Onset and Death
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	,	CONSEQUENCE OF):					
MEDICAL	PART II. Other aignificant conditions of	ontributing to death be	ut not resulting in	the underlying	g cause given in		IN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (Che	ack only one)		
SIC		OSPITAL: Inpetient 2 - ER/Outp		OTHER:	e 5 🗆 Residence			
	27. MANNER OF DEATH 1 Notural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WC	RK?	28d. DESCRIBE HOV	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str		/ES 2 NO	281. LOCATION (Stree City or Town, Ste	et and Number or F te)	Bural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:							use(s) and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Janow.		0	29c. LICENSE NUM	/BER		TUNE 90
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)				

15 -) X. X.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CERTIFIC	CATE O	F DEATH	RE	G. NO.			,
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF D		VEAD	3. TIME OF DEATH	
	Mildred E. Moeller				6	18 1	990	2:10	Par
	212-28-6167 1 M 2 F 77		F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BI (Month, Day, 11-6	RTH	8. BIRT	HPLACE (State or Fore	ign
	9a. FACILITY NAME (If not institution, give street end number)	9	b. CITY, TOW	OR LOCATION OF DE	ATH	9c. CC	UNTY OF I	DEATH	
DIRECTOR	National Lutheran Home		Rock	ville		Mon	tgome	ry	
36	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
		Ro	ckvill	e				1 TES 2 N	0
FUNERAL	100. STREET AND NUMBER 9535 Veirs Drive			101. ZIP CODE 2085	0	10g. C	TIZEN OF	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	.↓ NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify	n, Puerto Rican		Spec	E — American Indian ck, White, etc. city: ite	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	e. DECEDENT'S US (Give kind of wo life. Do NOT use	SUAL OCCUPA rk done during retired.)	TION most of working	16b, KiNi	OF BUSINESS/I	NDUSTRY		
MP	6th grade	Home	maker						
00 =	17. FATHER'S NAME (First, Middle, Last) William H. Reimer			18. MOTHER'S NA		, Maiden Surname ethause			
TO BE	George Moeller, Sr.			and Number or Rural Drive R			Zip Code)	550	
	20e. METHOD OF DISPOSITION 20b. PL			cemetery, crematory or		20c. LOCATION			
	4 Donation 6 □ Other (Specify) Lor	raine P.	ark Ce	metery		Woodl	awn,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	HALI		and address of Fa bbard Fun 07 Wilken		Ome Balto	. Md.	21229	
DICAL CERTIFICATION	shock, or heart failure. List only on gates on each immediate cause from the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HUSEAUBICE OF	felm	Luc Xx	igez	2	0	Interval Bat	
고 □	PART ii. Other significant conditions contributing to death but	not resulting in	the underly	ing cause given in	Part I. 24e	. WAS AN AUTOPS	SY 24	b. WERE AUTOPSY FIN	DINGS
MEDICAL						PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	NUSE
N: N									
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			DE OF DEATH (C	heck only one)				
SIC	1 YES 2 NO 1 Inpatient 2 ER/Outpatie		OTHER Nursing I	ome 6 🗆 Residence	6 Other (Sp	ecity)			
BY PHYSICIAN:	27. MANNER OF DEARTY 1 Natural 5 Pending 2 Accident Investigation	26b. TIME INJU	RY	INJURY AT WORK? YES 2 NO	26d. DEŞCRII	BE HOW INJURY	OCCURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, o	ffice		N (Street and Num wn, State)	nber or Rura	l Route Number,	
COMPLETED	29e. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowled 2 MEDICAL EXAMINER: On the bests of examination en							(e) end manner ee str	ated.
TO BE C	206. SCHATURE AND THE OF CENTIFIED			DIGG	MBER 58	296.0	Col	to swarm play their	
T.V	MASSIVAND ADDRESS OF PERSON WITH COMPLETED GATHE OF DEATH	(ITEM 27) (Type, 1	9 46	23454	Avel	Holy,	4	6208	32
	JUN 20 1990 Julia Davidson Agrica	施	1	7.		71			

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BALTIMORE, MARYLAND

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permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

COMPLETED BY PHYSICIAN:

BE 2 27. MANNER OF DEATH

5 Pending Investiga

detarmined

1 X Natural

2 Accident

3 Sulcide

4 Homicide

													90	16	782
	FOR STATE REGISTRAR		STATE OF N	// ARYLANI	D / DEPAR	TMENT	FOF H	EALTH	AND N	MENTAL	HYGIEN	E			
,	1. DECEDENT'S NAME (First, Cloyd	Middle, Last)				DONA				2. DATE O	16,I	990		TIME OF DEA	лтн Р м
	4. SOCIAL SECURITY NUMB 188-10-9652		5. SEX 1 🔀 M 2 🗌 F		83 YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF	h 9 1	.907	Country PA	CE (State or F	oreign
OR	9a. FACILITY NAME (If not interpreted in Franklin	Squar		al		9b. CITY		SSVI		ATH			imore	Coun	ty
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	altimore		10c. CIT	TY, TOWN O	or Locat							I. INSIDE CIT LIMITS?	
	100. STREET AND NUMBER 1010 FOXO	chase	Road				101	212	221				SA	COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	□ÑO	13.	WAS DEC If yes, sp 1 TES	ENDENT OF ecify Cybern 2 - NO	F HISPAN n, Maxicar Specify:	IC ORIGIN? 1, Puerto Ri	(Specify Yea can, atc.)	or No—	Black, W	American Ind hita, atc. hite	ian,
COMPLETED		EDENT'S EDUC y highest grade 0-12)			(Give kind of life. Do NOT L	work done	during mo		g			Stee			
BE COM	17. FATHER'S NAME (First, M Byers Mc I										ffelf	sumama) inger			
TO B	19a. INFORMANT'S NAME (7 Dorothy McI											n, State, Zip (MAryl		1221	
	20a. METHOD OF DISPOSITI 1 □ Burial 2 □ Crematic 4 □ Donation 5 □ Other	on 3 Rem			ace of dispo avel h	Hill	Ceme	tery				cation – c almyra			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	Fund	alf	lone			nd address			Home	300MA	ceAve	. 212	21
	23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fullure. nei	List only one car		line.		r the mo	da of dyl	ng, eucl	h aa cardi	nc or respi	iratory arre	st,	Approxir Interval I Onset ar	Between
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	diate ING	c. Cerebra	O Vasc O (OR AS A CO			ent								
CERT	resulting in death) LAS PART II. Other algoritics		d	death but i	not zesuiting	In the I	ındəriyir	on course (alven In	Part i	24a. WAS AN	LAUTOPSY	24b Wi	RE AUTOPSY	FINDINGS
MEDICAL								9 00000 9			PERFOI	RMED?	AM CC OF	AILABLE PRIO MPLETION OF OEATH?	R 10 F CAUSE

25. WAS CASE REFERRED TO MEDICAL EXAMINER? Y
1 YES 2 NO 28. PLACE OF OEATH (Check only one) MOSPITAL: OTHER: 3 🗆 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCUREO 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be

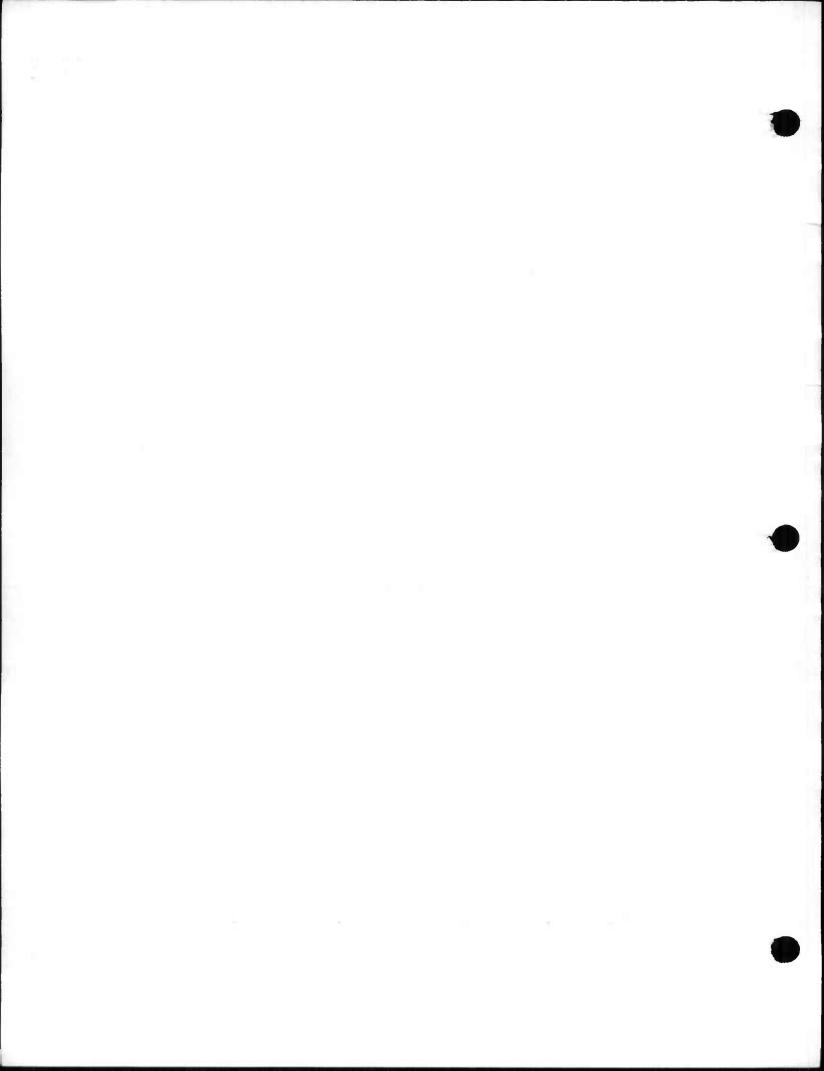
9a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the beat of my knowledge, of	leath occurred at the time, date	e and place, and due to the cause(a) and manner as stated	

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

96. BONATURE AND TITLE OF CONTINEN	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day Year)

30. NAME AND AGORESS OF HERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Dr. Balto, Md. 21237 Stanley Kman 31. DATE FILED (Model) 18. 200 32. REMSTRARY SIGNATURE PONDER



1. DECEOENT'S NAME (First, Middle, Last)

3. TIME OF DEATH

2. DATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

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RECORDS, P.

OF VITAL

After 1

DIRECTOR: / hours after of Item 28 is

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2

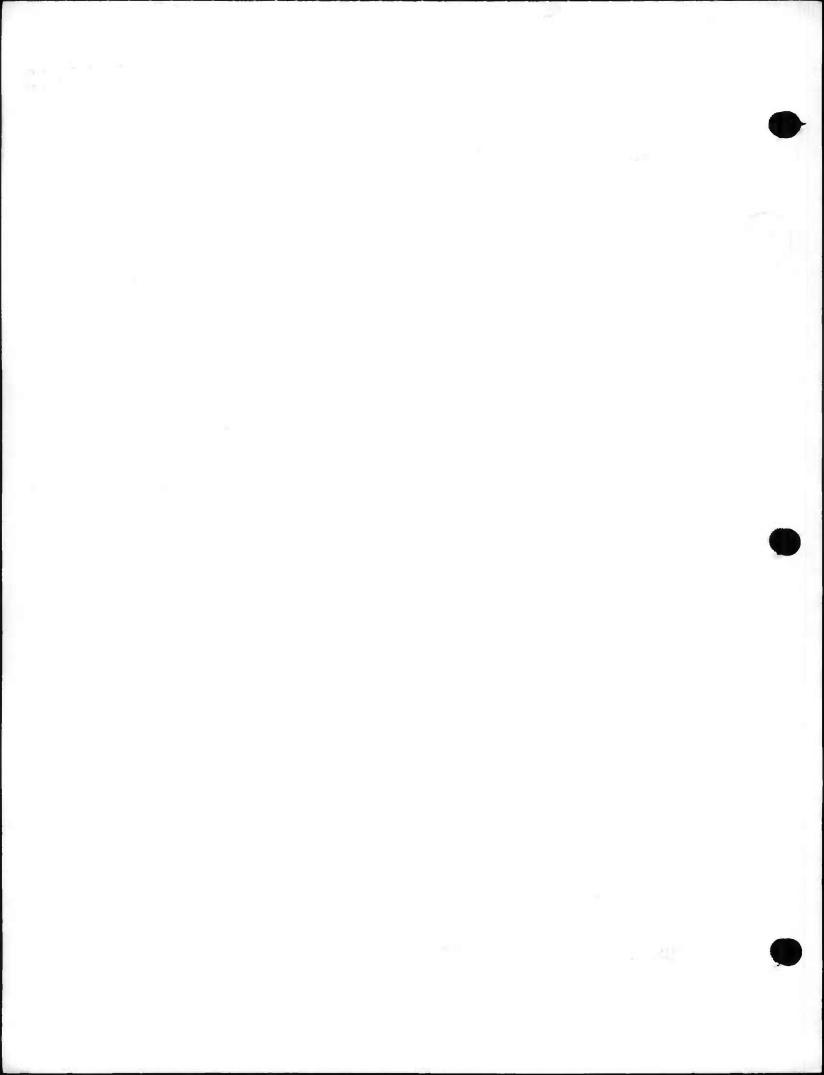
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use

Po by the hospital of To page 5 should Page 6 may be retained notified è must funeral director, examiner death. in by the fi urs after medical 0 filled completely filled rial, cremation, o the executed within traumatic event, ysician and com prior to burial, o signed by the attending physician and Health and Mental Hygiene prior to certificate be other 0 the death injury, requires that any t, of h has by Dept. WP 23 certificate I the State I, or item OR ATTENDING PHYSICIAN: marked, this c

18 1990° MOSBY EUGENE SAMUEL JUNE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 07/06/1914 MONTHS DAYS 75 HOURS MARYLAND 1 🕅 M 2 🗌 F 212-07-3692 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 3235 DORITHAN ROAD DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 XYES 2 NO BALTIMORE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 USA 3235 DORITHAN ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FURCES? 1 YES 2 YHO If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 K Married 1 TES 2 X NO Specify: Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL, OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) GREENSPRING INN MAITRE' D 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) SAMUEL **JAMES** MOSBY SMACKUM BEULAH BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3235 DORITHAN ROAD, BALTIMORE, MARYLAND 19a. INFORMANT'S NAME (Type/Print) 2 21215 MRS. GERTRUDE HALL MOSBY 20e_METHOD OF DISPOSITION

\$△Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or BALTIMORE COUNTY, MD. ARBUTUS MEMORIAL PARK 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NUTTER FUNERAL HOMES, INC. 21216 2501 GWYNNS FALLS PKWY., BALTIMORE, 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel cultatales la 4 color lun mis diseese Dr condition resulting in death) CERTIFICATION Sequentially list conditions, if eny, leeding to immediate **OUE TO (OR AS A CONSEQUENCE OF):** . Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorithms conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? MAJLABLE PRIOR TO LETION OF CAUSE 1 TYES 2 N OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a, DATE OF INJURY 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED 6 Could not be determined 4 Homicide CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPI 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, War) BE 120 D-204 F2 . ell. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, & 32. REGISTRAR'S SIGNATURE Savidson Randelle

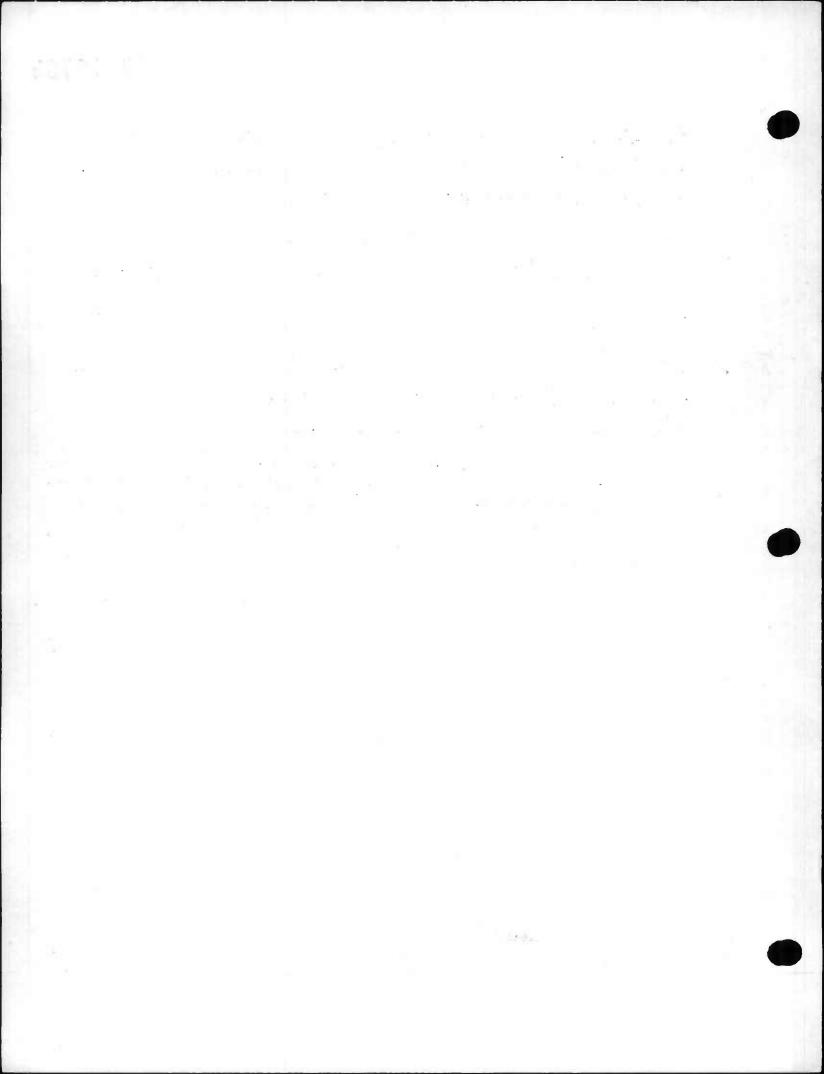


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or attending physician.

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF CERTIFICATE OF	HEALTH AND I	MENTAL HYGIEN	E	1	
	1. DECEDENT'S NAME (First, Middle, Last) FREDDA	e MEINE	RNEY		2. DATE OF DEATH MONTH	7 90		
	318-03-2738	5. SEX 8. AGE (In yrs. 1 1 M 2 XF 8 3	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	37 CC	HTHPLACE (State or Foreign unitry) NINGET ICCULT	
TOR	98. FACILITY NAME (IN not institution, give s J. L. DEATON RESIDENCE OF DECEDENT	HOSP + MED C		TO CIT	Y	9c. COUNTY O	F DEATH	
DIRECTOR	10a. STATE 10b. COUNT	1	BALTO	CIT	Y		10d. INSUE CITY LUMITS? 1 YES 2 NO	
FUNERAL	16. STREET AND NUMBER	LBA ST.		al 2	30	U.	S, A,	
ВУ	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO If yes, s	cendent of Hispan pecify Cuban, Mexica s 2 NO Specify		8	ACE — American Indian, ilack, Whita, etc.	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during mile. Do NOT use retired.)	ION lost of working	16b. KINO OF BU	SINESS/INDUSTR	Y	
COM	17. FATHER'S NAME (First, Middle, Last)	J. KNUD	SEN)	18. MOTHER'S NAI	ME (First, Middle, Malden	Surname)		
TO BE	198. INFORMANT'S NAME (Type/Print) N		19b. MAILING ADDRESS (Street	and Number or Rural F	Poute Number, City or Tow	n, State, Zip Code	230	
	20s_METHOD OF DISPOSITION 1 Meriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	E OF DISPOSITION (Name of Capitace) PAR HI	emotory, crematory or	m, Co	Y RICH	TOWN, SIGN MO,	
	21. SIGNATURE OF FUNERAL SERVICE LI	in Dela	Cha.	LILL X	steren at au	15 200 12.3/2	130 the	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ceused the List only one ceuse on each li	death. Do not enter the m	ode of dying, suc	h as cerdiac or resp	iratory arrest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONS	MONIA				Onset and Death (A7)	
NOI	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A CONS	·					
CERTIFICATION	Cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
CER	resulting in deeth) LAST	d			····			
PHYSICIAN: MEDICAL	PART II. Other significant condition	ne contributing to death but no		ng cause given in	Part I. 24e, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOORITAL		PLACE OF DEATH (Ch	eck only one)			
HYSIC	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outputient 28e. DATE OF INJURY		me 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	N II IBV OCCUPE		
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY W	YES 2 NO	200. DESCRIBE NOW	MJOH! OCCORE		
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Fuer State)						
COMPLETED	onel	ICIAN: To the best of my knowledge, ER: On the basis of examination and/					se(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIE		w	29c. LICENSE NUM	1739Y	29d. DATE SIG	YED (Marith, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DEATH (I						
	31. OATE FILED (Month, 1990)	AAR SIGNATURE						



attending physician.

203-3146

BALTIMORE, MARY

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

Our THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shown to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1
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FOR			 -	 	
	-				

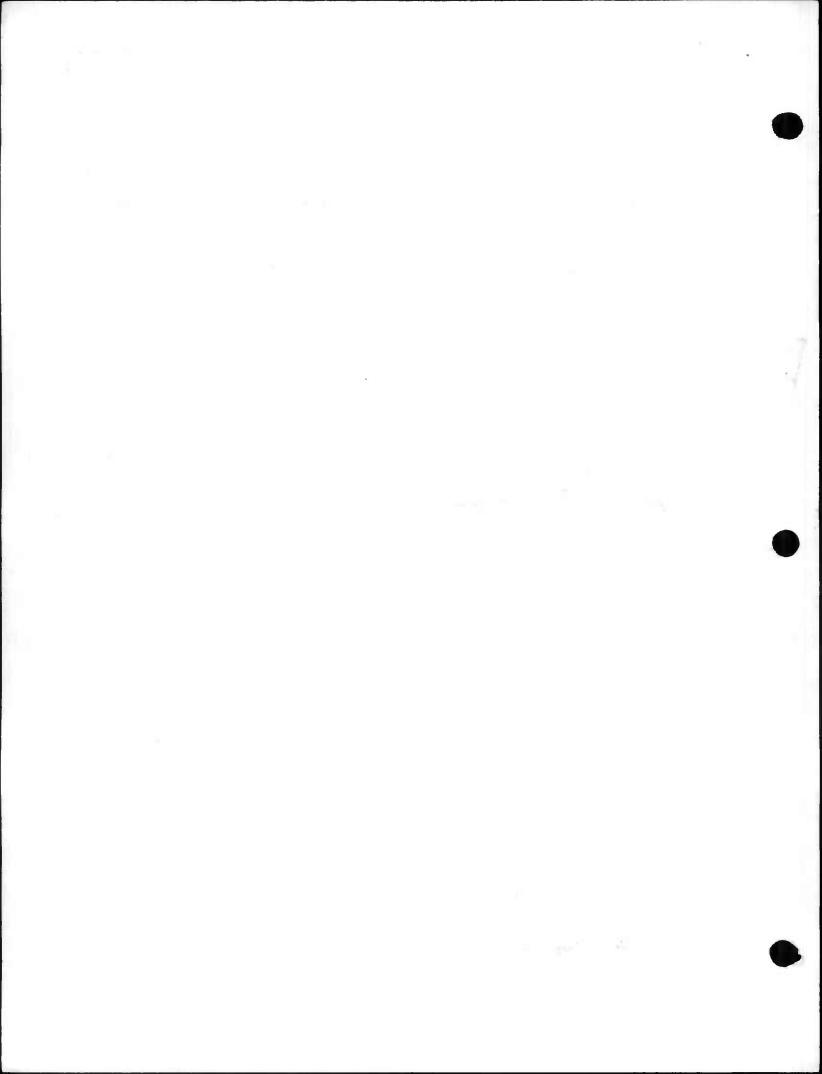
1 - FOR STATE OF M REGISTRAR		E OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	03111111071	L OI BLAIN	2. DATE OF DEATH	3. TIME OF DEATH
Jeannette Moore			MONTH DAY	YEAR 40 11.30 Q M
	8. AGE (In yrs. lest birthday) IF UND	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
216-16-3374 1 M 2 WF	83 YRS. MONTHS		(Month, Day, Year) 80-6-06	Country) VA
9a. FACILITY NAME (If not institution, give street and number)	9b. Cr	TY, TOWN OR LOCATION OF DI		COUNTY OF DEATH
Liberty Medical Ce	inter	Baltimore		Baltimore
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN			
177 D	BA			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
10e. STREET AND NUMBER	211	101. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?
501 W Franklin S. I (SE	TON-HILL-MANO	2) 2/20/		USA
11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED 13	3. WAS DECENDENT OF HISPAI		0— 14. RACE — American Indien,
IF YES GIVE WI	YES 2 700	If yes, specify Cuban, Mexica		Black, White, atc.
3 Widowed 4 Divorced				Specify: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired	ne during most of working	16b. KIND OF BUSINES	S/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5 +)	LA bo		4-7=1	WORKER
17. FATHER'S NAME (First, Middle, Last)	54 De		ME (First, Middle, Maiden Suma	
NEWBURGE MOORE		MARY	C. GRESS	UM MODRE
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	SS (Street and Number or Ruel	Route Number, City or Town, Sta	te, Zip Code)
VICTORIA EVANS	1718 LA	NVALE ST	2/2/3	
20a. METHOD OF DISPOSITION 1 Deuriel 2 Cremetion 3 Removal from State	20b. Western St			ON — City or Town, State
4 Donation 6 Other (Specify)	GREEN MT.			MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2	2. NAME AND ADDRESS OF	CILITY	212/3
Betts Funeral 14	me	1179 N. C.	AROLINE ST	Part mo
23. PART I. Enter the diseases, or complications that				
shock, or heart failure. List only one caus	se on each line.	ar the mode of dying, suc	h se cardiac or respirator	Approximats Interval Between
shock, or heart failure. List only one caus	se on each line.	ar the mode of dying, suc	h se cardiac or respirator	Approximats Interval Between
shock, or heart failure. List only one caus	se on each line.	ar the mode of dying, suc	h se cardiac or respirator	Approximats Interval Between
shock, or heart failure. List only one caus	se on each line.	ar the mode of dying, suc	h se cardiac or respirator	Approximats Interval Between
shock, or heart failure. List only one cause immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	es on anch lina. Spiratory for as a conseduence of: Ywhelming to or as a conseduence by:	ar the mode of dying, such	h se cardiac or respirator	y srrest, Approximats Interval Between
shock, or heart failure. List only one cause immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	es on anch lina. Spiratory for as a conseduence of: Ywhelming to or as a conseduence by:	ar the mode of dying, such	h se cardiac or respirator	Approximats Interval Between
shock, or heart failure. List only one cause immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	se on each line.	ar the mode of dying, such	h se cardiac or respirator	Approximats Interval Between
shock, or heart failure. List only one cause immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	es on anch lina. Spiratory for as a conseduence of: Ywhelming to or as a conseduence by:	ar the mode of dying, such	h se cardiac or respirator	Approximats Interval Between
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Tending physician. 3-3146

DALI IMORE, MARI	s after death. Page 6 may be retail ed professional	by the funeral director, page 5 should be defect	emovai.	lical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the second of the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shown benefits	be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

6

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPA CERTIF						GIENE G. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) JAMES	O. MATTHEY	45					2. DATE OF QEATH MONTH DAY		YEAR 90	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	13©KM 2 □ F 79	n yrs. last birthday; YRS.	IF UNDER	1 YEAR DAYS	HOURS 1	HRS. MIN.	(Morth, Day, Year) Co 1/15/11 Ne			8. BIRTHPL Country) Ney	ACE (State or Foreign YOLK
ron	9a. FACILITY NAME (If not institution, give a Peninsula General RESIDENCE OF DECEDENT			1		bury,		атн			vicom:	
DIRECTOR	10a. STATE 10b. COUNTY Delaware Sussex			TY, TOWN O		ION						Dd. INSIDE CITY LIMITS? CXYES 2 NO
	10e. STREET AND NUMBER					ZIP CODE	066					AT COUNTRY?
FUNERAL	399 Delaware Aver	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO		If yes, spe	ENDENT OF	Maxican	C ORIGIN? (Spe , Puarto Rican,		USA or No	Black, V	- American Indian, White, etc.
ED BY	3 Wildowed 4 Divorced		16a. DECEDENT	S USUAL O	CCUPATIO	2 <u>M</u> NO	Specify:		OF BUS	INESS/IND	Specify:	white
COMPLETED	(Specify only highest grade Elamantary/Secondery (0-12) 12	College (1-4 or 5+)	(Give kind o life. Do NOT lab tec			st of working		poult	ry	resea	arch	
BE CON	17. FATHER'S NAME (First, Middle, Last) James Matthews							NE (First, Middle, COWN	Maiden S	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Christina Matther	<i>N</i> S						oute Number, City MillsbC	ro,	Del.	199	966
	1 X Ruriel 2 Cremation 3 Removal from State 1 other p			consposition (Name of cometary, cremetory or point of the property of the prop								
	21. SIGNATURE OF FUNCIAL SERVICE U	· Cateon	4	W	Tatso		era:	l Home, laware				
		complications that caused List only one cause on ea									est,	Approximate Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Courtie	ginio S	hich								HLS
N	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									2445		
ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				0						YRS	
CERTIFICATION	thet initiated events resulting in death) LAST d.											
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	ut not resulting	g in the u	nderlying	cause giv	ven in 1		WAS AN PERFOR YES 2		â	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEA	ATH (Che	ock only one)				
YSIC	EXAMINER?	HOSPITAL:		_	rsing Hom		Idence	8 - Other (Spe		7		
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. T	IME OF NJURY M		URY AT PK? YES 2	NO	28d. DEŞCRIBI	E HOW II	NJURY OC	CURED	
	3 Suicide S Could not be datarmined 28e. PLACE OF INJURY — At home, building, etc. (Specify)				m, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ute Number,				
COMPLETED	(Orbox Orly	SICIAN: To the best of my know ER: On the basic of examination										and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER luna un				29c. LICEN				29d, DATI	E SIGNEO (F	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OE		pe, Print) PRH	MC	UV.	331	/			-/13/	70
31. DATE FILED (MONTH POR 1980) 1990 32. FEGISTRABIG SIGNATURE PORTUGE STATEMENT AND S												



						90 16787
				ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	4		1. DECEDENT'S NAME (First, Middle, Last)	a h +		3. TIME OF DEATH
_			4. SOCIAL SECURITY NUMBER 5. SEX, 6. AGE (In yrs. list birth:	(ay) IF UNDER 1 YEAR IF UNDER 24 HIRS.	7. DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign
	(, 1)	579 18 8736 1 M 2 D F 79 YR	S. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 8-19-10	New York
	2, 3 m	дтоя	9a. FACILITY NAME (If not institution, give street and number) WASHINGTON ADJENTST HE	96. CITY, TOWN OR LOCATION OF DI	EATH 9c. COUNTY	OF DEATH
	permit. Pages 1	DIREG		CITY, TOWN OR LOCATION	ark	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	sit permi	BAL	100. STREET AND NUMBER	161. ZIP CODE 2091		N OF WHAT COUNTRY?
21203-3146	ng priysician. The burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPALIF If yes, specify Cuban, Maxica 1 PES 2 2 NO Specific No. Specific N	NIC ORIGIN? (Specity Yea or No.— 14 an, Puerto Rican, atc.)	Black, White, etc. Specify: White
03-	se as the	E		IT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	
	for a		Flamouteou/Secondary (0.12) College (1.4 or 5.4)	d of work done during most of working Of use retred.) gn Service Office	r U. S. Gover	nment
	retained by the nospital 5 should be detached for notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Jesse M. MacKnight		AME (First, Middle, Malden Surname) arrison	
MAR		TO B		LING ADDRESS (Street and Number or Rural time as 10	Route Number, City or Town, State, Zip Co.	ode)
	rage o may be il director, page ner must be			SPOSITION (Name of carriery crametory or Uniformed Service ty of the Health		
BALTIMORE	funeral direction		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		
BA			23. PART I. Enter the diseases, or complications that caused the death.	Falls Chu		nt, Approximate
	2 2 2		shock, or heart failure. List only one cause on each line.	to not enter the mode of dying, suc	ch as cardiec or respiratory arrea	Interval Between Onset and Death
9,	completely filled ial, cremation, or event, the m		IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. INTRACEREBRAL DUE TO (OR AS A CONSEQUENT	HEMORRHAGE		2 DAYS
	B 6 4	z	Sequentially list conditions, D. SEPTIC EMBO. OUE TO (OR AS A CONSEQUENCE)	LI		
×	ysician ar prior to b	CATION	if any, leading to immediate		0.001715	
BOX	들 들 를 들	RTIFIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENT		ARDITIS	
P.0	attending ntal Hygier	CERI	reaulting in death) LAST			
S,	law requires that the or as been signed by the a bept. of Health and Mer 23 shows any injury	MEDICAL (PART II. Other algnificant conditions contributing to deeth but not result PROLONGED PROTUREMBIN TIME SE		PERFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	has been Dept. of 23 sh					
		ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C		
F	the the	PHYSICIÄN	1 YES 2 NO 1 Nonember 2 Er/Outpetient 3 D 27. MANNER OF DEATH 28s. DATE OF INJURY 28s	TIME OF 28c, INJURY AT	28d. OE\$CRIBE HOW INJURY OCCU	RED
		ВУР	(Production 2 Petronis	M 1 YES 2 NO		
DIVISION	CTOR: A after de 28 Is	ETED E	3 Sulcide 8 Could not be determined 28e. PLACE OF INJUST — At nome, in building, etc. (Specify)	ırm, street, factory, office	28f. LOCATION (Street and Number of City or Town, State)	: Rural Route Number,
	12 12 12	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or invest			
	TO THE HOSPITAL TO THE FUNERAL DE filed within 72 t IMPORTANT: If I		29b. Signature and title of certifier	29c. LICENSE NU	JMBER MIN 29d. OATE	SIGNED (Month, Day, Year)
	TO THE De filed	O BE	Joseph O. Mazgera, M. D. FOR DR. N.	ORTON ELSON DOS	425 6	12/90
		-	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(rype, rint)		20915

MIZCERD M.D. 7600

1990 32. ARCHITECTRANSOS SIGNATURE PRINCES

Julia Davidson-Randase

7600 CARROLL AVE

JOSEPH B. MIZ 31. DATE FILED (MOTIF, Day, 1607) 1990

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH pu M Joseph W. Nelson 6 18 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 😾 M 2 🗌 F 023-05-9607 12/14/18 Mass 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR St. Agnes Hospital Baltimore City Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 - YES 2 X NO Maryland Baltimore Arbutus FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S. 4733 Gateway Terrace 21227 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 TYES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: H White WWII COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Social Security 12 Grade yrs. coll. Attorney for Soc. Ser. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) KATHERINE F WALSH (Unknown) Nelson CARL WILLIAM NELSON Katherine (Unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Madeline B. Nelson 4733 Gateway Terr. - Baltimore, Md. 21227 20a, METNOD OF DISPOSITION
1 🕒 Burlel 2 🗆 Cremation 3 🗆 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or Shelter Island Cemetary New York 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ahock, or haert failure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diasese or condition ide Card reaulting in death) 12 VS CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA EXAMINER? OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER Day, Ybar BE 9 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Richard Humphrey, M.D.

Johns Hopkins Hospital

Julia Sandia Manda

BALTIMORE, MARYLAND 21203 iours after death. Page 6 may be retained by the hospital or att detached for use g funeral director, page 5 should signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within BOX 13146, P. O. OF VITAL RECORDS. has been a Dept. of F this certificate his with the State D DIVISION death After DIRECTOR: / TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2

permit. Pages 1, 2, 3 should

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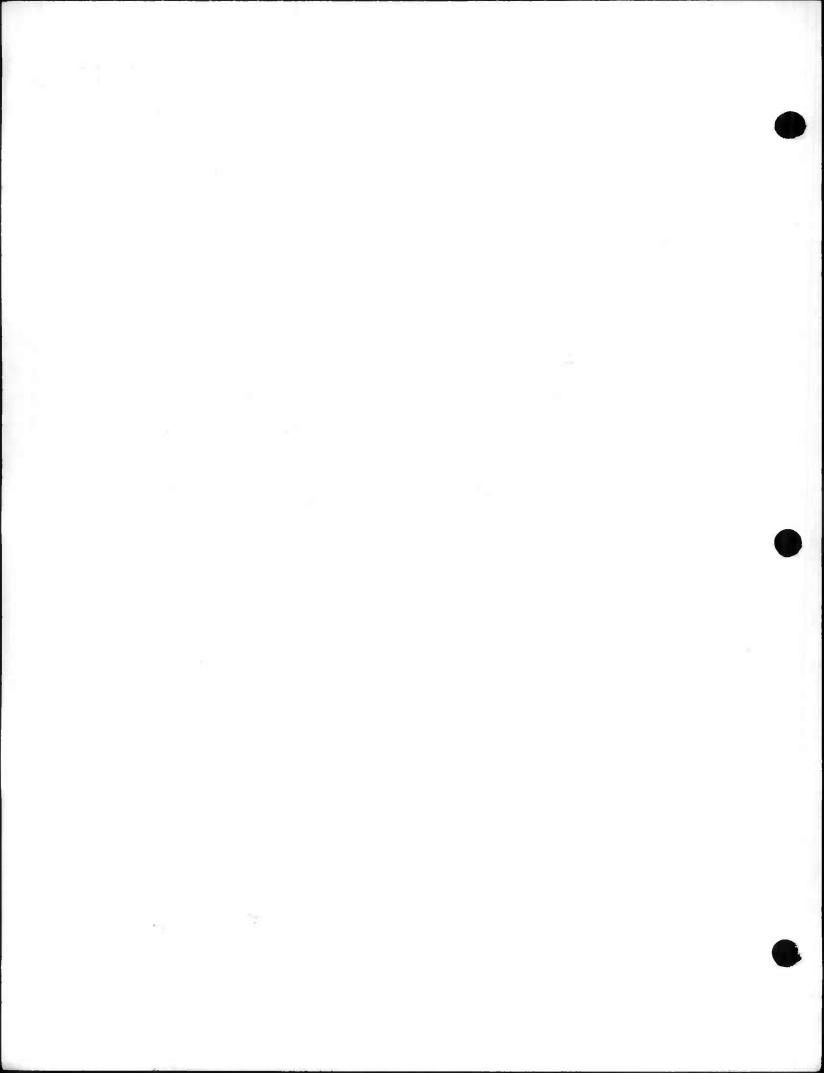
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28 is marked,

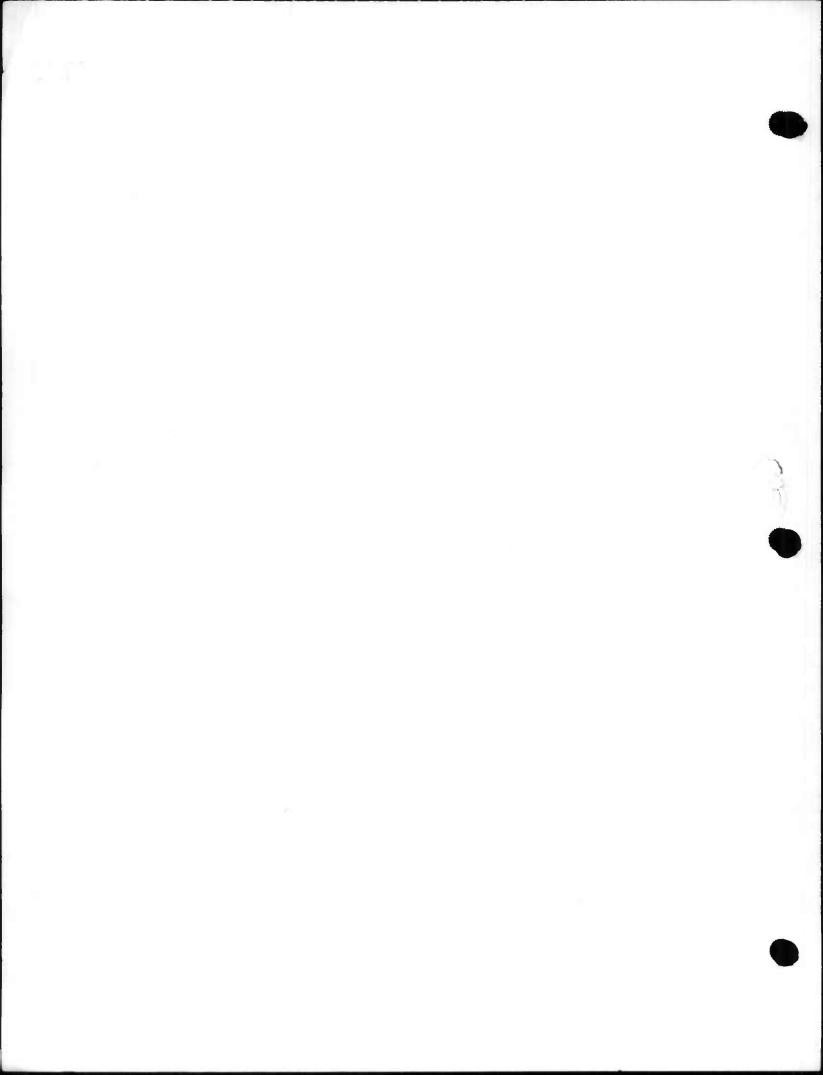


may be retained by the hospital or attending physician. to, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should MORE, MARYLAND 21203-3146 nust be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours and TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal IMPORTANT: If I lem 28 is marked, or I fem 23 shows any injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E	
į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ï	BRIAN	Ε.	NI	ETHKIN	JR.	6-16-90	YE.	AR 10:30A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF t	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		1 W M 2 🗆 F		THE DAYS	HOURS MIN.	(Month, Day, Year) MArch 3 1	C	Marvland
1	9e. FACILITY NAME (If not institution, give str	A			R LOCATION OF DEA		9c. COUNTY	
œ						,		
2	Franklin Squar	re nospita.	1	KOSS	<u>ville</u>		Balt	timore
낊	10a, STATE 10b, COUNTY	- 2.1	10c. CITY, TO	OWN OR LOCATI				10d. INSIDE CITY
5	Md.	Baltimore			Essex			LIMITS?
91	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL DIRECTOR	105 Hampshire H	Road			2122	1	11	SA
ž I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECI		IC ORIGIN? (Specify Yes	or No.— 14.1	RACE — American Indian.
	1 🔀 Never Merried 2 🗌 Married	FORCES? 1 YES		If yes, spe		, Puerto Ricen, etc.)		Black, White, atc. Specify:
B	3 Widowed 4 Divorced	11 100, 011 111111111111111111111111111			a gallio apacity.			White
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16e. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUST	RY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	tired.)	t or working			
릴	==		=	=====				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	WE (First, Middle, Meiden	Sumeme)	
BE C	Brian Nethkin Sı	C •			Tere	esa Klar	man	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street er	d Number or Rural R	loute Number, City or Town		ie)
2	Brian Nethkin S	Sr.	105 H	ampshi.	re Road I	Baltimore	Md. 21	221
	20s. METHOD OF DISPOSITION	20b	. PLACE OF DISPOSITIO				CATION City	
	1 X Buriel 2 Cremation 3 Remo	oval from State	Zion Ceme	terv		В	Altimo	re Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		D ADDRESS OF FAC			
	16 00 F	mulal 1	1)	Conn	elly Fund	eral Home	300MAc	eAve. 21221
-	23. PART I. Enter the diseases, or c	omolications that cause	d the death Do not	enter the mor	te of dylan such	as cardiac or resol	retory erreet	Approximate
	shock, or heart fallure. I	List only ona cause on e	ach lina.	ontor the mo	se or dying, such	res carates of respi	atory errost,	Intarvai Batween
	IMMEDIATE CAUSE (Final							
	disease or condition							Onset and Death
H	disease or condition resulting in death)	Sudden		Death	Syndron	ne		Onset and Death
	resulting in death)		Infant I	Death	Syndron	ne		Onset and Death
NO	resulting in death) Sequentially list conditions,	DUE TO (OR AS A	A CONSEQUENCE OF):	Death	Syndron	me		Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A		Death	Syndron	m e		Onset and Death
FICATION	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	A CONSEQUENCE OF):	Death	Syndron	ne		Onset and Death
RTIFICATION	resulting in death) Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):	Death	Syndron	ne		Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):	Death	Syndron	ne		Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):			Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending investigation	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. BUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A L. BUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	26. PL THER: Nursing Hom WO M 1 1	ACE OF DEATH (Che 6 G Residence JRY AT RK7	Pert I. 24s. WAS AN PERFOR 1 [2] YES 2 sck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 102 DYES 2 NO
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. B COntributing to deeth b A CONTRIBUTION OF TO THE CONTRIBUTION OF THE CONTR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	26. PL THER: Nursing Hom F	ACE OF DEATH (Che ACE OF DEATH (Che Residence ACE OF DEATH (Che Residence RY RY RY RY RY AT RY RY RY RY RY RY RY RY RY R	Part I. 24s. WAS AN PERFOR 1 [2] YES 2 Bock only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(e) end main time, date end place, end	NJURY OCCURI	24b. WERE AUTOPSY FINDINGS, AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 113
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the country of	28. PL THER: Nursing Hom F 28. INJ M 1 1 1 Nt, factory, office tt the time, date n my opinion, d	ACE OF DEATH (Che 6 G Residence URY AT RK7 ES 2 NO end place, end due eath occured at the	Part I. 24s. WAS AN PERFOR 1 [2] YES 2 Bock only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(e) end main time, date end place, end	NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 112 XYES 2 NO Rural Route Number, Buse(e) end menner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	26. PL THER: Nursing Hom F	ACE OF DEATH (Che 6 G Residence 7 AT RK7 ES 2 NO end place, end due eath occured at the 29c. LICENSE NUN	Part I. 24s. WAS AN PERFOR 1 [2] YES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Rown, Stele) to the cause(e) end maintime, date end place, end ABER	NJURY OCCURION AND AND AND AND AND AND AND AND AND AN	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 112 XYES 2 NO Rural Route Number, Separation of the control of
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	26. PL THER: Nursing Hom F	ACE OF DEATH (Che 6 G Residence 7 AT RK7 ES 2 NO end place, end due eath occured at the 29c. LICENSE NUN	Part I. 24s. WAS AN PERFOR 1 [2] YES 2 Bock only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(e) end main time, date end place, end	NJURY OCCURION AND AND AND AND AND AND AND AND AND AN	24b. WERE AUTOPSY FINDINGS, AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 113



detached for use as the burial-transit permit. Pages 1, 2, 3 should

1	•	STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	E OF	DEATH	1	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						3. TIME OF DEATH					
	Walter	C	dette	:e					June 1	16,	1990	TEAR	9:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	41.		Month, Day,	RTH		S. BIRTH	PLACE (State or Foreign			
	213 60 7004	1 M 2 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	June 2		1906	N. S	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATION				9c. COUN		
HO H	PerryPoint Vetera	ns Hospit	:al		Perry Point					Cecil			
5	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNT	cil		10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
	az j tanta	CII			Pe		Point						1 YES 2X NO
3AI	10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTE				
9	Perry Point Veter							2190	_			U.S.	. A .
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT	YES 2		13.	WAS DEC	ENDENT OF	HISPANIC Mexicon, I	ORIGIN? (Sp.	ecify Yee etc.)	or No—	14. RACE Black	— American Indian, , White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 X X 10	Specify:				Speck	White
	15. DECEDENT'S EDU	CATION	16a D	ECEDENT'S	USHAL O	CCUBATIO	OM		T 185 KIND	OF BUILD	INESS/INDI	Herry	WILLE
E	(Specify only highest grade	completed)		Give kind of the Do NOT us	work done	during mo	at of working		TOUR PRINT	01 000	III COO/III D	Jariti	
PL	Unknown	College (1-4 or 5+	,	None									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			HOHE			16. MOTHE	R'S NAME	(First, Middle	Maiden :	Surnamel		
O W	Denis Audette								melina				
ä						S (Street a	and Number or					Code)	
星	Mr. Jerry G. Davi	c					Road					211	133
P	20s. METHOD OF DISPOSITION						metery, cremate		dalist		CATION - C		
	1 Buriel 2X Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other p	alece)					rvice	Ham	ostea	d. N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	ND ADDRESS	OF FACIL	ITY				
	Loring Byers Funeral Directors, 8728 Liberty Road Randallstown												
	23. PART I. Enter the diseases, or							_		-		_	Approximata
	shock, or hasnt failure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence of):												
z	Dementia Secondary to												
CERTIFICATION	Sequentially list conditions, if any, leading to immediata												
CA	CAUSE (Disagre of Injury - Head Trauma												
TF	that initiated evants resulting in death) LAST	DUE TO	(OR AS A CONSI	EQUENCE O	F):								
ER	resulting in death) DAST	d											
	PART II. Other significant condition	ns contributing to	death but not	resulting	In the u	nderlyin	g cause giv	on in Pa	Part I. 24s. WAS AN AUTOPSY 24b. WER				WERE AUTOPSY FINDINGS
EDICAL										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
E									_ ' _	YES 2	K1 NO		OF DEATH?
Σ									-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF DEA	TH (Check	conty one)				
Sic	EXAMINER? 1 YES 2 XNO	HOSPITAL:	FB/Outpatient	3 DOA	OTHE	R:	ne 5 🗆 Reek			north et			
PHYSICIAN: MI	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF	28c. IN.	JURY AT	-	ad. DESCRIB		NJURY OCC	URED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ey, Year)	IN.	JURY M		ORK? YES 2 🗌 !	NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY — ALI	nome, farm,	street, fec	tory, offic	10	2	er. LOCATION		and Number	or Rural F	Toute Number,
COMPLETED	4 Homicide determined	bulleting,	etc. (Specify)						City or Tov	vn, State)			
E	294. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge o	teath occurr	ad at the	time dete	and piece a	nd due to	the councin	and man	one on elek	ad .	
ME	(Check only one) 2 MEDICAL EXAMINE												and manner se stated.
	286. BIONATUMS AND THE OF CERTIFIE						29c, LICENS						
BE	X (17	0						31.533			29d, DATE	o-18	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	8-19-0	RE OF DEATH AT	EM 27 /5	Deleve)								
							D	ъ.			1000		
		AN, M.D.,	R'S SIGNATURE		cent	er,	Perry	Poi	nt. M	D 2	1902		
	31. DATE FILED, WORLD Day, 1001 1990 Julia Jevidson-Handese												
	- 100t	1											

A La Pierra III and the

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detach	De filed Wittin 72 nous and death with the State Cept. Or regult and mental regular to content, centendon, or entrope. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	withIn	pletely	De filed writin 72 hours aret death with the state begit, or relating and wentar hygeric prior as boling, become, in removal, IMPORTANT: If filem 28 is marked, or filem 23 shows any Injury, or other traumatic event, the medical ex
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1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last,		P	ETTI	E	2. DATE OF DEATH	AY 9	3. TIME OF DEATH	
230-16-3076		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. OATE OF BIRTH (Month, Day, Year)		i. BIRTHPLACE (State or Foreign Country)	
90. FACILITY NAME (If not institution, give Bon Secours				WN OR LOCATION OF D	EATH	-	NTY OF DEATH	
RESIDENCE OF DECEDENT	nospitai		вать	<u>imore Ci</u>	τν			
Bon Secours RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md.	TY		.ltimo				10d. INSIDE CITY LIMITS? 1- YES 2 NO	
						10g. CITIZE	EN OF WHAT COUNTRY?	
1729 Ashburt	on St. Bal	to. Md.		21216			II S	
11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Speci		s or No 1	4. RACE — American Indian, Black, Whita, etc. Specify: Black	
15. DECEDENT'S ED (Specify only highest grace Specify only highest grace Specify only highest grace Specify only highest grace Specify only highest grace Specify Specify only highest grace Specify S	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				16b. KIND OF BU	SINESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	Sumame)		
Joseph Petti	е			Rosett	a Law		1	
O INFORMANT S NAME (Typer-Tint)					Route Number, City or Tox			
MALE LEGIT OUTIES					. Balto.			
20a. METHOD OF DISPOSITION 1. Burlal 2 □ Cremetion 3 □ Re	movel from State	other place)		f cemetery, crematory or		ty or Town, Stela		
4 Donation 5 Other (Specify) Garrison Forest Veteran Owings Mills, M(
(lillon h	Mann	sight	W	ainwrigh	t Funeral			
Sequentially list conditions, if any, is adding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST		S A CONSEQUENCE O	DF):		eumen	ua	Onset and Death Tays Tays	
	ona contributing to death	but not resulting	in the under	lying cause given in			24b. WERE AUTOPSY FINDINGS	
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1					1 _ YES	RMED? 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Z5. WAS CASE REFERRED TO MEDICAL	T		2	6. PLACE OF DEATH (C	thack only one)			
EXAMINER?	HOSPITAL:	utnetient 3 🗆 DOA	OTHER:	Home 5 - Residence	1 1 1 1 1 1 1 1 1 1 1 1 1			
	25a. DATE OF INJUR (Month, Day, Year	Y 28b. Til	ME OF 28d	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCI	PRED	
2 Accident Investigation 3 Suicide 5 Could not b 4 Homicide determined	28e. PLACE OF INJU	JRY — At home, farm, (pecify)			26f. LOCATION (Street City or Town, State		or Rural Route Number,	
(CIRCLE OFF)	SICIAN: To the best of my kn						d. ceuse(s) and manner as stated.	
	IER .			29c. LICENSE NU	JMBER	29d. DATE	SIGNED (Month, Day, Year)	
290. SIGNATURE AND TITLE OF CERTIF	7 (M 17)	DEATH OTHER ON CO.	- Bi-n	10-17	202	16	118/90	
S. S.DANG 31. DATE FILED (Month, Day, Year)	Janeaustrans	01 St	Hele	ME AVE	Ralti:	Mess	e/1d >1659	
JUN 2 0 1990	- The same of						DHMH-16 Rev 1/	

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by the hospital or attending phy

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENTIF	ICALL	E OF	DEA	п		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) William		Oscar Roelecke			ecke	MONT			17-90	,	YEAR	3. TIME OF DEATH 12:25PM M
	4. SOCIAL SECURITY NUMBER	5. SEX (6. AGE (In yrs. last birthday)			R 1 YEAR	IF UNDER	24 HRS.	7. DATE O				PLACE (State or Foreign
	219-56-7004	1 🙀 M 2 🗆 F	39 YRS.		MONTHS	DAYS	HOURS	MIN.	(Month,	31/51		Countr	Maryland
~	9a. FACILITY NAME (If not institution, give a Rt. 346	street and number)			9b. CITY		OR LOCATI					Cest	er County
DIRECTOR	RESIDENCE OF DECEDENT				Whaleysville					WOI		- COUNTRY	
ပ္က	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland W	orchester			Wha	leys.	vill	e					1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD			10g. CITIZEN OF WHAT			HAT COUNTRY?
띮	8133 01d Ocea	an City Ro	oad				2187	2			U	nite	d States
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1							NIC ORIGIN?	(Specify Yeal	or No—	14. RACE Black	— American Indian, r, Whita, atc.
BY	1 🔀 Never Married 2 🗌 Married 3 🧻 Wildowed 4 🗎 Divorced	969-19				2 X NO			,		Speci		
TED	15, DECEDENT'S EDU (Specify only highest grade		(0	ECEDENT'S Give kind of e. Do NOT u	work done	during me	ON ost of working	ng	18b.	KIND OF BUS	INESS/INE	DUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+) 2 years			d Se		ce						
OM	17. FATHER'S NAME (First, Middle, Last)						1a. MOT	HER'S NA	ME (First, M	iddle, Maiden :	Surname)		
BE C	William O. Roele	cke, Jr.					M.	Ei1	een (Carre			
10 B	19a, INFORMANT'S NAME (Type/Print)	· C 1	19							or, City or Town		2112	0
_	Mrs. Barbara Gif	rord							rair	_			
	20b. PLACE OF DISPOSITION 1 GyBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)						nerery, crer 1em.		ζ			vill	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					NAME A	ND ADDRE	SS OF FA	CILITY	n 1 II -			
	ames	ove	2	8 1	orii 3728	ng By L i be	ers	Road	ral Ho Rand	me alls	town	, MD 21133	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CANSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):												
FICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ÄH	resulting in death) LAST												
MEDICAL CERTIFICATION	PART II. Other significent conditions contributing to deeth but not resulting					PERFO			24a, WAS AN PERFOR 1XXXES 2	ORMED? AM		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 5	I ACE OF I	DEATH (C)	heck only one	a)			
띯	EXAMINER? XXX58 2 □ NO	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE 4 No	R:			a (XXX)		Scer	ne	
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TII	ME OF	28c. IN	JURY AT		· ·	CRIBE HOW I			
ВУР	1 Netural 5 Pending 2 Yecklant Investigation	6-17-9			25P		ORK? YES 2 ∑	₩0	Pede	striar	ı stı	ruck	by auto
	3 Suicide & Could not be 4 Homicide datarmined	28e. PLACE OF building, a	FINJURY — At h atc. (Specify)	home, farm,		-	ce		City o	ATION (Street e or Town, State)			Aoute Number, 11e,Worcest
	29a. CERTIFIER	SICIAN: To the best of a	- basidada	d		oad			_			-	TIE, WOICESC
COMPLETED	(Check only one)												a) and menner as stated.
B	200 STONATORE MAY THE OF CHAPTER	1						ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W Frank Peretti		E OF DEATH (IT	EM 27) (Typ		Pen	n Sti	reet	,Balt	imore	MD 2	21201	L vo
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	B'S SIGNATURE	ande	2								
-	N 100	1	1 18,	1							_		

S Should		notified	
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rector, p		must	
her this certificate has been signed by the attending physician and completely miled in by the tuneral director, page 3 should		DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
Dy the	emoval	dical	
E 2	0	E	
M M	rtion,	the	l
m pieter	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,	
and co	o burial	natic	
SICIAN	prior to	traur	
and buil	ygiene	other	
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Signed	Health	IWS an	
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Jas L	Dept	23	
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After	death	s mai	
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HE FUNERAL DIRECTOR: Aft	hours	Item	
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FUNE	within	ITANI	
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	REGISTRAR			OLIVIII	IOAIL	_	DLA		HE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Christopher Augu	ot Pupp							2. DATE OF DI	DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs.	Inne histholms	IF UNDER	1 2548	IF UNDER		June 7. DATE OF BI	18	3	990	12:45 p
		1. M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)		Count	(7)
	217-14-5454 9a. FACILITY NAME (If not institution, give s		82	rno.	at at 177	-			3-23	-08		Ma:	ryland
œ	1102 Rowan Court	treet and number)					OR LOCATI	ON OF DE	HTA	- 1			
5	RESIDENCE OF DECEDENT				rai	Parkville Baltimo					11110	re County	
EG	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	TION	_					10d. INSIDE CITY
8	Maryland Balt	imore Co	unty	Pa	rkvi	11e							LIMITS?
ادِ	10e. STREET AND NUMBER				10f. ZIP CODE					1	10g. CI1	IZEN OF	WHAT COUNTRY?
BY FUNERAL DIRECTOR	1102 Rowan Court						21234	4	U.S.				
S	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF HISPAN	HC ORIGIN? (Sp	ecify Yea	or No-		E — American Indian,
4	1 Never Married 2 Married FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES						ecity Cubi		n, Puerto Ricen,	atc.)		Spec	k, White, atc.
	3 X Widowed 4 Divorced	WWII											White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a.	(Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON ost of working	ng	16b. KIND	OF BUS	INESS/IN	DUSTRY	
9	Elamentary/Secondary (0-12) College (1-4 or 5 +)							-	_				
MP	12 years			Banker	-					nkin	-		
8	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Middle		,		
BE	Frederick F. Rup	op					-		eth Spe			-	
0	19a. INFORMANT'S NAME (Type/Print)		- 1						Route Number, Ci				
	Christopher B. Ru	ıpp							rmantow				
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	ovel from State	othe	CE OF DISPO					- 1				own, State
	4 Donation 5 Other (Specify) Druid Ridge Cemetery Pikesville									ille	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell—Wiedefeld Home												
	John G. Reitz John & Reitz John												
	23. PART i. Enter the diseases, Dr	complications the	t caused the	deeth. Do	npt enter	the mo	ode of dy	ing, suc	h es cerdiec	or respir	ratory e	rrest,	Approximate
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel										Interval Between		
										& NINS			
	disease or condition resulting in death) e. CARDIO PULMONARY ARREST OUE TO (OR AS A CONSEQUENCE OF):									00/1/02			
,	606 .6									1 (OA)			
0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	ceuse. Enter UNDERLYING PROSTLIC CANCER									44125			
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CON	ISEQUENCE C	HF);								
H	resulting in death) LAST	d	CERE	Bron	4500	CH	2 A	tcc a	TWSO	6			
ਹ	PART II. Other significent condition	ns contributing to	death but n	ot resulting	In the ur	nderlyln	COURA	alven la	Part I 24a	WAS AN	AUTOREY	24	b. WERE AUTOPSY FINDINGS
MEDICAL	THIT II. OHIO SIGNICON CONTRACTOR	to the state of the	deeth but h	or resulting	m the di	ilderiyiii	ig canao	Sison III		PERFOR	MED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă									_ 10	YES 2	MO		OF DEATH?
									—				1 TYES 2 HO
PHYSICIAN:													
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (CH	eck only one)				
IXS	1 YES 2 NO	1 Inpatient 2						lesidence	6 Other (Spi		. Harrier Co.	2011250	
	1 Natural 5 Pending	28a. DATE Of (Month, I		28b. TH	JURY M	W	JURY AT ORK? YES 2	_ NO	28d. OESCRIE	E HOW IP	NJURY O	CCUREO	
B	2 Accident Investigation	280 BLACE (OF INJURY — A	t hama dama				NO	204 LOCATIO	M /Ptunet e	and Alexandr		Route Number.
8	3 Suicide S Coutd not be 4 Homicide determined		atc. (Specify)	u ironisu, iairin,	street, Inc	tory, orne	C III		City or To		ing Numb	er or nurer	note Namoer,
Ē	20. CENTIFIED			7.									
4PL	(Check only one)												
COMPLET	2 MEDICAL EXAMIN	ER: On the besis of a	xemination and	I/or Investigati	on, in my	opinion,	death occu	ared at the	time, data and	place, and	d dua to	the cause	(a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	iR O	1				29c, LIC	ENSE NU			29d. D/	TE SIGNE	D (Month, Day, Year)
8	Scott (a	murale	ME)			0	38	347			61	18/80
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)		,						4 - 45
	Sco	TT CAR	NWALE	Mh	5	601	Loc	4 12 x	ver B	LUD	B	A 07	- MO
	31. DATE FILED (Month, Day 1990)	3 PEQUAR	RS Joseph	200									
	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	4										

ust be notified at once.

boxs after death. Page 6 may be intrined by the hospital or attending physician. In beginn the earth or page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely that in principle filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremition. If the medical important: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical interval.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) Helen J.	Rumme1				MONT	of DEATH of	"1990 '	EAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-01-2661	1 □ M 2 □ F 9:	3 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH	1897	Mary		
TOR	Augsburg Luthera RESIDENCE OF DECEDENT	Augsburg Lutheran Home Loche							more.	County	
DIRECTOR		imore	ON			d. INSIDE CITY LIMITS? YES 2 1 NO					
FUNERAL	6811 Campfield R				21207			USA	2.10	AT COUNTRY?	
BY	11. MARITAL STATUS 1. Over Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2XIX NO	If yes, spe	ENDENT OF HISPAN leify Cuban, Maxical 242 NO Specify	n, Puarto		or No 14	I. RACE — Black, V Specify:	American Indian, thita, stc. White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 »)	N It of working		. KIND OF BU						
COMP	8th Grade 12. FATHER'S NAME (First, Abdobs, Last)	ER'S NAME (First, Middle, Leat) 16. MOTHER*						,	nn		
TO BE	Albert Rummel	Na part			Freder	Route Num	ber, City or Tow	n, State, Zip C	ode)		
-	Mrs. Alva R. Perry 1 Arlen Rd. Apt I Baltimore, MD 21236 20a. METHOD OF DISPOSITION 130 Burlad 2 Community or Other place) 20b. PLACE OF DISPOSITION (Name of commetery, crematory or other place)										
	# Donation 5 Other (Spoolly) Western Cemetery Baltimore City 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, In 8728 Liberty Rd. Randallstown, MD									nc.	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS		um	boi	4				interval Between Onset and Death	
PHYSICIAN: MEDICAL CERT	reaulting in deeth) LAST d PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part.						Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LING	HOSPITAL: 1 Inpatient 2 ER/Ou		THER:	ACE OF DEATH (Ch						
ву рну	2 Decident	28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK?						INJURY OCCU		the Marson	
COMPLETED	3 Suicide 6 Could not be detarmined	building, atc. (Sp	ecify)			Clty	CATION (Street or Town, State)		es estamos,	
OMPL	(Check only	SICIAN: To the best of my kno IER: On the basis of examinati								nd manner as stated.	
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIC	M	MD		29c. LICENSE NUI	MBER	ک	29d. OATE	SIGNEO (A	Forth, Day, Year)	
_	30. NAME AND ADDRESS OF PERSON W	18 7	220 Pa	in)	leght	5	21-	208			
	31. DATE FILED (Month, Day, Year)	33. REGISTRAR'S SIG	MATURE AMOUNT		J	-70					

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - REGISTRAR		CEI	RTIFIC	CATE C	F DE	ATH	R	EG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH DAY		YEAR	3. TIME OF DEATH
-1	John	RUBY						6 -	14	90		7:45
ì	4. SOCIAL SECURITY NUMBER 213-14-0176	5. SEX 6. A	GE (In yrs. lest b		F UNDER 1 YE		IDER 24 HRS.	7. DATE OF E (Month, De Jan.)	BIRTH by. Year) 10,19		8. BIRTH Country	PLACE (State or Foreign *
	Se. FACILITY NAME (If not institution, give st Franklin Square			9		WN OR LOC	ille	EATH			TY OF D	
5	RESIDENCE OF DECEDENT									Bal	tim	0 2 0
DINECTOR	Md . B	altimore		10c. CITY, TOWN OR LOCATION Dundalk			1			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
100	10e. STREET AND NUMBER 2009 Denbury Dr			10f. ZIP CODE 21222					10g. CITIZEN OF WHUSA			THAT COUNTRY?
DI LONEUAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARM ES 2 NO R DATES	IN U.S. ARMEO 13. WAS DECENDENT OF HISPANI 15 yes, specify Cuben, Mexican				in, Puarto Rica			14. RACE		
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(Give	EDENT'S US find of wor to NOT use i	BUAL OCCUP k done during retired.)	PATION g most of w	orking		ID OF BUSI			White	
IMIL F	10th				40.	ACTUEDIO MA	ME (First, Midd	neral		ors		
20 10	John M. Ruby Sr.						Anna :		e, Maiden S	umame)		
	19a. INFORMANT'S NAME (Type/Print)							Route Number,				
-	Helen Ruby			2009	Denbu	ıry D	rive 1	BAltim	ore M	aryl	.and	21222
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote A Donation 5 Other (Specify)	other plac	other place) Dulaney Valley Cemetery Dulaney Valley Cemetery Dulaney Valley Cemetery Baltimore Md.									
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2020	iioj (_		DRESS OF FA					
	Connelly 7	unital	flow	w)	Cor	nell	y Fun	eral H	ome c	of Du	ındal	Lk 21222
	Sequentially list conditions,	a. Pneumoni oue to (or	. a. as a consequ									interval Between
CENTIFICATION	Sequentially list combinations, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
3		d										
MEDICAL	PART II. Other algorificant condition Parkinson's		th but not re	sulting in	the under	lying cau	se given in		PERFORI	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ا												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 (OTHER:			6 C Other (S	pecify)			
T PRISICIAN.	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye		26b. TIME INJUI		WORK?		26d, OESCR	IBE HOW IN	JURY OC	CURED	
IED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF IN. building, atc.	IURY — At hon (Specify)	ne, farm, str	eet, factory,	offica		28f. LOCATIO	ON (Street all fown, State)	nd Number	or Rural I	Route Number,
COMPLE	one)	ICIAN: To the best of my I										a) and manner as stated.
ם ם ס	290. THE OF CERTIFIE	299. THOMATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)		
	D. Green M.D.	9000 Fra	nklin	Sar	1a re	Dri	ve Ba	ltimo	re	Md		1237
	31. DATE FILED (Morith, Day, Year) JUN 2 0 1	32. REGISTRAR'S		Monda					7			THE RESERVE OF THE PERSON OF T

TO BE COMPLETED BY FUNERAL DIRECTOR

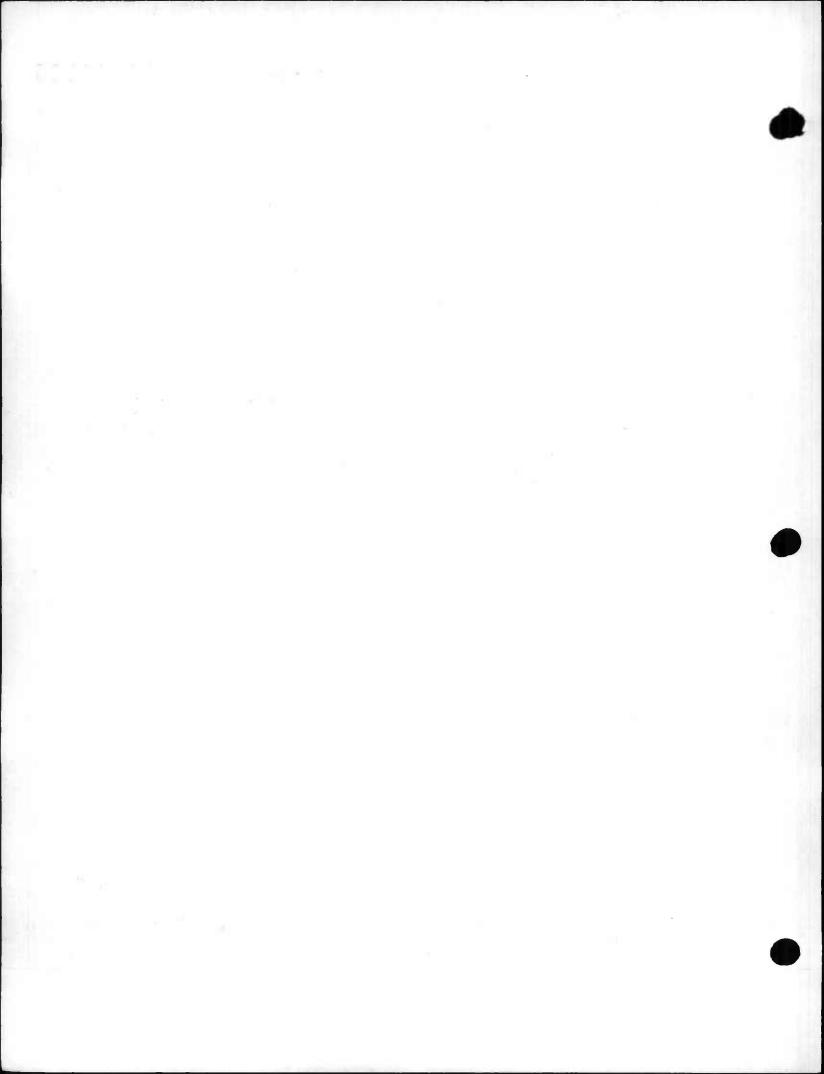
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPIT	THE FUNER	PORTANT	
2	2 8	3	I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		- 1	MARYLAND / DEPÁRTMENT CERTIFICATE	OF DEATH
FOR S	#1003	S STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL
We the are	N 192 18	110991	6 00 100 100	用品 多年 表的
1. M.M.	25 23 34	* * * * * * * * * * * * * * * * * * *	GMAS NO	No. of the latest lates
教育数	tyre	7 11 0 0	11.1E 1647 1107-01 10MAS NO	
ALC 10 10 10 10 10	*AR2K	Y NATA	1.3 % in	

90 16796

1 - STATE OF MARYLAND	DEPARTA	MENT OF H	EALTH AND N	MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) NATALIE	ROMAN	OWSKY		2. DATE MONT	OF DEATH		YEAR 3.	SOP M
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.)		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH		Country)	CE (State or Foreign
216-30-0/32 T M 2 X F 73 98. FACILITY NAME (If not institution, give street end number)		b. CITY, TOWN C	R LOCATION OF DE	Dec.	9, 19	9c. COUNT	Ukran	
Mercy Hospital		В	altimore		o militario per	- 44h - 4b ₂	· Tr	
10a, STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	IDN		• • • • • •		100	1. INSIDE CITY LIMITS?
Maryland 10e. STREET AND NUMBER	Ba	altimor	0°C 10f, ZIP CODE 10g, CITIZEN OI					YES 2 NO
5216 Biddison Lane			21206			U.S	. A.	
			ENDENT OF HISPAN ecify Cuben, Mexicon 2 NO Specify	n, Puerto I				Americen Indian, hite, atc.
(Specify only highest grade completed)	DECEDENT'S US Give kind of work fe. Do NOT use n	k done during mo	DN at of working	16b	. KIND OF BUS	INESS/INDUS		
16	Homema	aker						
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA		Widdle, Maiden S			,
Emilian Hnidey 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street e	Cedo		ber, City or Town		nknow	<u>n) </u>
Ms. Anna Samutyn 6	511 Spe	ellina	Bee . Co	1umb	ia. Md	. 2104	45	
20e. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remarked from State 4 Donation 5 Dother (Special)	E OF DISPOSITI	ON (Name of cen	netery, cremetory or		20c. LOC	ATION — CH	ty or Town,	State
4' Donation 5 □ Other (Specify) Ceda	r Hill	6-19-	90 ID ADDRESS OF FAI	CILITY	Sui	tland	, Md	
Ernest L. Feist III		Leonar	d J. Ruc	k, I				
23. PART I. Enter the diseases, or complications that caused the c			arford R de of dying, suci					Approximata
shock, or heert fellure. List only one ceuse on each lin IMMEDIATE CAUSE (Finel	ne.							Onset and Death
disease or condition resulting in death) e. QCURN 40 OUE TO (OR AS A CONS	6 mo	rocute	cleut	C M	19			10 clays
OUE TO (OR AS A CONS	EOUENCE OF):	J						
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	EQUENCE OF):				_			
CAUSE (Disease or Injury that initiated events resulting in death) LAST	EQUENCE OF):						_	
PART II. Other significant conditions contributing to deeth but not	requiting in	the underlying	course given in	Dart i	24a, WAS AN	AUTODEV	Task WE	RE AUTOPSY FINDINGS
Service Control of th	, rooding in	uro urrouttym	y could given in		PERFOR	MED?	AM	AILABLE PRIOR TO IMPLETION OF CAUSE
					1 YES 2	- NO		DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Ch	eck only o	ne)			
EXAMINER? 1 YES 2 NO 1 IN Inpatient 2 ER/Outpatient 27. MANNER OF DEATH 28e, DATE OF INJURY		☐ Nursing Hom	e 5 🗆 Residence					
1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME C	Y WC	PRK?	28d. DE:	SCRIBE HOW IN		RED	
3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, atre	et, factory, offic	•	28f. LOC City	ATION (Street a or Yown, State)	nd Number o	r Rural Rout	Number,
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurred	at the time, date	end place, end dua	to the ce	use(e) end men	ner as stated	1.	
one) 2 MEDICAL EXAMINER: On the besie of examination end/o	or investigation,	in my opinion, d	eath occured at the	time, date	end place, end	d due to the	cause(e) ar	d manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Pr	rint)	perce	127		4	2/15	190
Alan Schneider McD. 3		Paul	Balt	no	re, M	A 2	120	2
31. DAT JUN 2010 1990 Sale Davidson - Mana	مالا							



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I. DECEDENT'S NAME (First, Middle, Last) JO 4. SOCIAL SECURITY NUMBER 105-05-7839 98. FACILITY NAME (If not institution, give str	HN MARSHALL						
4. SOCIAL SECURITY NUMBER 105-05-7839	HN MARSHALL			2. DATE (OF DEATH DAY	YEAR 3	. TIME OF DEATH
105-05-7839		SHEEHAN		6		90	5:00AM
	5. SEX 8. AGE	(in yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HF	RS. 7. DATE C		8. BIRTHPL	ACE (State or Foreign
	1XXM 2 □ F 7	Q YRS. MO	NTHE DAYS HOURS MI		Dey, Ybar) 27-11	Now.	York
			a. CITY, TOWN OR LOCATION O			NTY OF DEA	
7138 Heathfield R			Baltimore		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	altimo	
a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10	Od. INSIDE CITY
Maryland Bal	timore	TR.	altimore				LIMITS?
e. STREET AND NUMBER	ozmore.		101. ZIP CODE		10a CIT		AT COUNTRY?
7138 Heathfield R			21212			USA	
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X XVES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HIS It yes, specify Cuben, Me 1 ☐ YES XX NO Se	exican, Puarto R		14. RACE — Black, N Specify:	- American Indian, White, atc. White
15. DECEDENT'S EDUC		18a. DECEDENT'S US	UAL OCCUPATION	18b.	KIND OF BUSINESS/INC	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of working wired.) Cutive Office	n Co	mmercial ('modit	
. FATHER'S NAME (First, Middle, Last)	J.	OHIGI DAG			iddle, Maiden Surname)	reart	
	a1				,		
Villiam Henry She	enan			Miller			
a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or R				
John M. Sheehan J	r.	7138 H	eathfield Roa	ad Balt	imore, Man	ryland	1 21212
la. METHOD OF DISPOSITION (XBurial 2 Cremation 3 X X Remo	wel from State	b. PLACE OF DISPOSITI	N (Name of cemetery, cremator)	00	20c. LOCATION —	Cify or Town	n, State
Donation	Wall Holli State	St. Joseph	Cemetery		Auburn, N	New Yo	ork
SIGNATURE OF FUNERAL SETTING LIC	RALL HON	rek	22. NAME AND ADDRESS O				5 : 03 03 0
Dennis Stephen 3. PART I. Enter the diseases, or c		Advantage Brown	Mitchell-Wie				
shock, or heart fellure. I	list only one cause on	each line.	lon Canc		oc or reapmatory si	rest,	Approximate Interval Betwee Onset and Desi
	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions, if sny, leading to immediate lause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				-	
CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART II. Other algorificent conditions	s contributing to deeth	but not resulting in	the underlying cause give	n in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	* G	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					- 2	'	YES 2 NO
S. WAS CASE REFERRED TO MEDICAL			A4 B/ 100 00 5		1		
EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	1 (Check only on	9)		
1 TYES 2 NO	1 Inpatient 2 ER/Ou	patient 3 DOA 4	☐ Nursing Home 5- Reside	nca 8 🗆 Other	(Specify)		
MANNER OF OEATH Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C INJUR	OF 28c, INJURY AT WORK? M 1 YES 2 NO	1224	CRIBE HOW INJURY OC	CURED	
3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, stre	et, factory, office		ATION (Street and Number Town, State)	er or Rural Roo	ute Number,
4 Homicide determined	CIAN: To the heat of my kee	wiedge, death occurred	at the time, data and place, and			nted.	
certifier (Check only		on and/or investigation,	In my opinion, death occured a	t the time, date	and place, and due to t	the cause(a) a	and manner sa stated.
9e. CERTIFIER (Check only	R: On the beels of examination		29c. LICENSE			111	and manner as stated. Month, Day, West

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Yours after death. Page 6 may be retained by the hose TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CLN			DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATN
MARGARET I	E. STEIN					б	17	90	9:15A M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birt	thday) _ IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	NPLACE (State or Foreign
219-16-4648	1 🗆 M 2-7-7-F	77	YRS. MONTHS	B DAYS	HOURS MIN.	(Month, Day, Yea 5-22-	72	Counti	(ary land
9a. FACILITY NAME (If not institution, give	0.000	//	9b CF	TV TOWN (OR LOCATION OF D			UNTY OF D	4
						EAIN	96. 000		JEAIN
Inns of Evergree	n N.E.		B	altim	lore			N/A	
10e. STATE 10b. COUNT	гу	10	c. CITY, TOWN	N OR LOCAT	TION				10d. INSIDE CITY
Manufand Pa	ltimore		Wood						LIMITS?
Maryland Ba	гетиоте		wood.		. ZIP CODE		14000		
				101			10g. CI		WHAT COUNTRY?
4919 Westhills					21229			USA	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOEN FORCES? 1	T EVER IN U.S. ARMED	1:			NIC ORIGIN? (Specify an, Puerto Ricen, etc.		14. RACI Black	E — American Indian, ik, White, atc.
₩ Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	NO Specif	ly:			White
701	I I	- Income -						-	WIIITE
15. DECEDENT'S ED (Specify only highest great	le completed)	(Give ki	ENT'S USUAL	ne durina ma	ON est of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 8 +)	NOT use retired	•				0	
	UNK.	Head	d Matr	on			imore	-	Jail
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Me.	iden Surname)		
William Morris					Anı	na Weathe	rsteir	n	
19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRE	SS (Street e	and Number or Rural	Route Number, City or	Town, State, Z	(ip Code)	
Melvin Stecker			4919 W	esthi	11s Road	i Baltimo	re, Ma	aryla	nd 21229
20a. METHOD OF DISPOSITION		20b. PLACE OF C	DISPOSITION (netery, crematory or		LOCATION -		
XX Buriel 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	noval from State	other place)	wood C						Maryland
21. SIGNATIVE OF FUNERAL SERVICE L	iculate //	W I dilky			ND ADDRESS OF F		ality 1.	LLC	riary Land
Llonny O	leaken	Monah	Eus !						
Dennis Steph	en Xenaki.	S	М	itche	ell-Wiede	efeld Hom	e 6500	Yor	k Road 21212
23. PART I. Entar the diseases, or	complications the	t ceused the death.							Approximata
ahock, or heart fallure	. Liet only one cau	se on each line.							
									Interval Between
disesse or condition		C .	7						Interval Between Onset and Death
	a. DUE TO	Carcino	mater	lis_					
disesse or condition	a. DUE TO	Carcina (OR AS 4 CONSEQUE)	NCE OF):	his_	n + 1 F) —			
disesse or condition	b	adenoc	acció	me	7th K	ectum			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSEQUENT (OR AS A CONSEQUENT)	acció	his Mare	of the k	ectim			
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEQUE	NCE OF):	his Mare	of the k	ectum			
Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	adenoc	NCE OF):	nue	of the K	ectum			
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEQUE	NCE OF):	ma	of the K	ectum			
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in desth) LAST	b. DUE TO c. DUE TO	(OR AS A CONSEQUEN	NCE OF):				2 AM ALITODE	y 24b	Onset and Desth Months years
Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO	(OR AS A CONSEQUEN	NCE OF):			Part I. 24a. WA	S AN AUTOPSY	Y 24b	Onset and Desth Worth. Years WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in desth) LAST	b. DUE TO c. DUE TO	(OR AS A CONSEQUEN	NCE OF):			Part I. 24s. WA		Y 24b	Onset and Desth Throwths Years D. WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in desth) LAST	b. DUE TO c. DUE TO	(OR AS A CONSEQUEN	NCE OF):			Part I. 24s. WA	FORMED?	Y 24b	Onset and Desth Throwthe Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in desth) LAST	b. DUE TO c. DUE TO	(OR AS A CONSEQUEN	NCE OF):			Part I. 24s. WA	FORMED?	Y 24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	b. DUE TO c. DUE TO d	(OR AS A CONSEQUEN	NCE OF):	underlyln		Part I. 24a. WAI PEF 1 YE	FORMED?	Y 24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST	b. DUE TO c. DUE TO d	(OR AS A CONSEQUEN	NCE OF):	underlyin 26. Pi 夏氏:	g cause given in	Part I. 24a, WA. PEF 1 YE	FORMED?	Y 24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in desth) LAST PART II. Other significent conditions.	b. DUE TO c. DUE TO d	(OR AS A CONSEQUENT COR AS A CONSEQUENT COR AS A CONSEQUENT CORRECT CO	NCE OF): NCE OF): NCE OF): OTHUR DOA OTHUR ALEN	26. Pi	g cause given in	Part I. 24a. WAI PEF 1 YE	FORMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	b. DUE TO c. DUE TO d. one contributing to HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D	(OR AS A CONSEQUENT COR AS A CONSEQUENT COR AS A CONSEQUENT CORRECT CO	NCE OF): NCE OF): OTHUR DOA 4 IN	26. PI	g cause given in	Part I. 24a. WAI PEF 1 U YE	FORMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	b. DUE TO c. DUE TO d	COR AS A CONSEQUENT (OR AS A CONSEQUENT) Description of the consequent of the cons	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NC	26. Pi	g cause given in	Part I. 24a. WAL PER 1 YE 1 YE 1 Other (Specify) 28d. OESCRIBE NO.	S 2 PNO	CCURED	Onset and Desth Were AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in desth) LAST PART II. Other significent conditions and the conditions of the conditio	DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building, SICIAN: To the best of eleR: On the basis of eleR	COR AS A CONSEQUENT (OR AS A CONSEQUENT) death but not result the consequent of the	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE	26. PI	g cause given in	Part I. 24a. WAL PER 1 VE 1 VE 24b. Other (Specify) 26d. OESCRIBE NO 26f. LOCATION (St. City or Town, S	S 2 NO NO INJURY Or reet and Numb itate) manner as at a, end due to	CCURED oer or Rural is tated.	Onset and Desth Worth Grant Street
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other significent conditions are in the initiated events rasulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined determined cone (Check only Orie) 2 MEDICAL EXAMIN	DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building, SICIAN: To the best of eleR: On the basis of eleR	COR AS A CONSEQUENT (OR AS A CONSEQUENT) death but not result the consequent of the	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE	26. PI	g cause given in	Part I. 24a. WAN PER 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1	S 2 NO NO INJURY Or reet and Numb itate) manner as at a, end due to	CCURED oer or Rural is tated.	Onset and Desth Worth Grant Street

al-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUN 2 1990

Danes 200

31. DATE FILED (Month Jan 20

- attending - Dutan	one as the family and popult. Pages 1, 2, 3 should	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or ame	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for with the State Deor of Health and Mental Hydiene prior to burial, cremation, or removal.	or Item

BALTIMORE, MARYLAND 21203-3146

								90	16799
	FOR STATE REGISTRAR	STATE OF MARYLAND C	/ DEPARTMEN			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	*				2. DATE OF DEATH	AY /	YEAR 3.	TIME OF DEATH
		UVILLE				6/13		POP PEAR	3:44A.H
	the second secon	S. SEX 6. AGE (In yrs. is	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	20	8. BIRTNPL Country)	ACE (State or Foreign
	700 07 010/11	□M2D# 95	YRS.				95		land
œ	9a. FACILITY NAME (If not institution, give street MERIDAW Homes				LONA A			NTY OF DEAT	
ō	RESIDENCE OF DECEDENT	wood. Nues	W9 600	30 0	CLOWN A	DEN A.C.	13/	461,1	nore.
DIRECTOR	Maryland Balti	more	10c. CITY, TOWN	or Locat					d. INSIDE CITY LIMITS? YES 2 X NO
	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI		T COUNTRY?
FUNERAL	524 Castle Dr.				21212		I	J.S.A.	
5	11. MARITAL STATUS	2. WAS DECEOENT EVER IN U.S. A				NIC ORIGIN? (Specify Yas	or No-	14. RACE -	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 TY IF YES, GIVE WAR OR OATES	INO		2 XNO Specifi	n, Puarto Rican, atc.) y:		Specify:	White
	1212								
=	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted) 16a. D	ECEDENT'S USUAL (Give kind of work done to. Do NOT use retired.	during mo	ON at of working	16b. KIND OF BU	SINESS/IND	USTRY	
اڄ	Elementary/Secondary (0-12) 12 yrs.		dministr			Rail	road		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18 MOTNER'S NA	ME (First, Middle, Maiden	Sumama)	-	
	John Anders⊕n				Unkne		Garranney		
BE	19a, INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADDRE	SS (Street a		Poute Number, City or Tow	n, State. Zic	Code)	
임	Deleres A. Willar	d	520 Cas	tle I	or. Ant.	E Baltimo	re Md	212	12
	20a. METNOD OF DISPOSITION	20h PLACI	E OF DISPOSITION (Jame of cer	netery complete or	20c. LC	CATION -	City or Town	Stata
	1X Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specily)		Druid	Ride	ge Cemete	ery B	altim	ore,M	d.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Robert M. Kr	atz		hell-Wie	edefeld Ho	me	•	
	23. PART i. Enter the diseases, Dr con	nplications that could be d	leath. Do not ente					rest.	Approximata
	shock, or haart failure. Lis	et only one cause on decid lin							Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	15010							Onset and Death
ł	resulting in death) a	DUE TO (OR AS A CONS	EOUENCE OF):						
_		DEMENTIA	DOMENTIA						
힐	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A CONS							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury								
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):						
FI	d								-
_	PART II. Other significant conditions of	contributing to death but not	reaulting in the	ındariyin	g cause given in				ERE AUTOPSY FINDINGS
2	ANEMIA.					PERFO		C	MILABLE PRIOR TO OMPLETION DF CAUSE
입	PENDRYAL LI	67			-	_			F DEATH?
2						_			
¥	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (C)	neck only one)			
Sic		OSPITAL: Inpatient 2 ER/Outpatient	3 DOA 4 M		ne 5 🗆 Rasidence	6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ	JURY AT	26d. DESCRIBE HOW	INJURY OC	CUREO	
BY F	1 -Natural 5 Pending 2 Accident Investigation								
■ 2 Pulate									te Number,
Significant of the data and place, and dus to the cause(a) and manner one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of systemic and place, and dus to the cause(a) and manner one) 2 MEDICAL EXAMINER: On the basis of systemic and place, and dus to the cause(a) and place, and duston the cause(a) and place, and duston the cause(a) and place, and duston the cause(a) and place, and duston the cause(a) and place, and duston the cause(a) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(b) and place, and duston the cause(c) and place, and duston the cause(c) and place, and duston the cause(c) and place, and duston the cause(c) and place, and duston the cause(c) and place, and duston the cause(c) and place, and duston the cause(c) and place, and duston the cause(c) and duston the									
7		AN: To the best of my knowledge,	death occurred at the	time, data	and place, and dur	to the cause(a) and ma	nner se sta	ted.	
Š	one) 2 MEDICAL EXAMINER:	On the basis of exemination/and/o	r investigation, in my	opinion, d	lesth occured at the	time, data and placa, a	nd dua to ti	ne cause(a) a	nd menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	Mid			29c. LICENSE NU		29d. DAT	E SIGNED (M	forth, Day mar)
10	30. NAME AND ADDRESS OF PERSON WHO C	19 Am			215	47-5		9/1-	770

MOUSON

REGIS RAR'S SIGNATURE

lango

CEVET

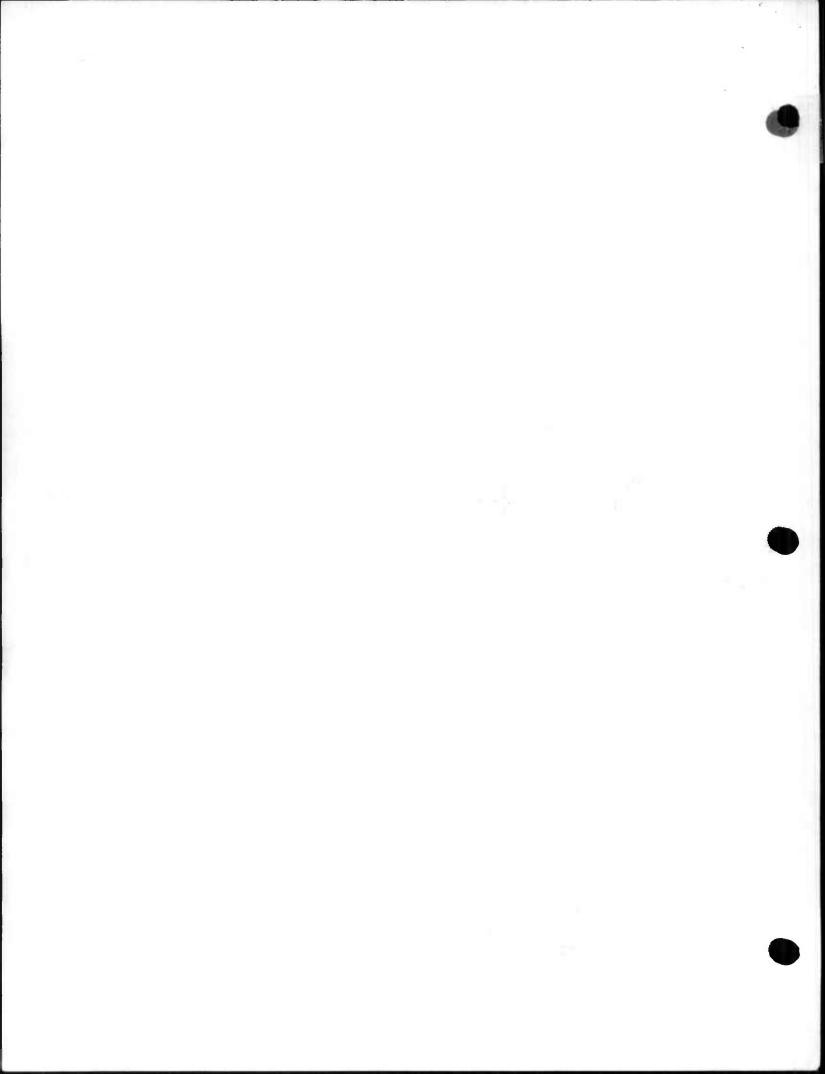
vent, the medical examiner must be notified at once.

provide in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should memation, or removal. of within 2 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of TO THE FUNERAL DIRECTION. After this certificate has been signed by the attendable filed within 72 hours after death with the State Dept. of Hearth and Marrial High.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or of

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	REG	. NO.			
	1. OECEOENT'S NAME (First, Middle, Lest)						2. DATE OF CEA	TH		3. TIME OF OEATH	
	Albert Joseph	Smit	:h				монти 6	1.5	YEAR	M	
	4. SOCIAL SECURITY NUMBER			tat at 1 am	UNDER 1 YEAR		7. DATE OF BIRT		90	HPLACE (State or Foreign	
	and the reservoir presents		GE (In yrs. lest b	MOI	THE DAYS	IF UNDER 24 HRS. HOURS MIN,	(Month, Day, Y	bar)	Count	TY)	
j	219-01-7417	t 🙀 M 2 🗌 F	71	YRS.			19	Maryland			
	9a. FACILITY NAME (If not institution, give at	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH		
œ	3403 Gaither	Pond		Baltimore					D-1-1		
2	RESIDENCE OF DECEDENT	Roau		Baltimore Baltimo					Imore		
8	10a. STATE 10b. COUNTY	1		toc. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
#	Maryland Balt:	imoro								LIMITS?	
51	10e. STREET AND NUMBER	IMOLE		Baltimore County							
₹					140			tog. Ci		WHAT COUNTRY?	
FUNERAL DIRECTOR	3403 Gaither Ro	oad				21207			U.S	.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				ts. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Spec	Ify Yea or No-	14. RAC	E — American Indian, ck, White, atc.	
	t Never Married 2 🔼 Married	FORCES? 1 X Y				S 2 X NO Specify		(c.)	Spec		
ВУ	3 Widowed 4 Divorced	W W				9,000,	,			White	
0	ts. DECEDENT'S EDU	CATION	16a. DECE	DENT'S USL	JAL OCCUPATI	ON	t6b, KIND	OF BUSINESS/II	HOUSTRY		
E	(Specify only highest grade		(Give	kind of work o NOT use re	done during m	ost of working					
7	Elementary/Secondary (0-t2)	College (1-4 or 5+)	A 7		0 .	m 1					
E	High School		Appl	iance	Servi	ce Techn				ctric	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, I	Aalden Surname)	1		
BE (Walter P. S	Smith				Agnes	Hiskey				
	tes. INFORMANT'S NAME (Type/Print)		19b. I	MAILING AD	DRESS (Street	and Number or Flural	Route Number, City	or Town, State, 2	Zip Code)	7	
2	Mrs. Doris E. Smit	-h	34	03 Ga	ither	Road Ba	1 timore	MD 2	21207		
- 1	20e. METHOD OF DISPOSITION	1				metery, crematory or				Course Stanto	
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ram	oval from State	other place)			1 *	0c. LOCATION -	- City or is	own, stata	
	4 Donation 5 Other (Specify)		Lake	View	Memori	al Park		Sykesy	<u>ille</u>	, MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11		22 NAME /	ng Byers	Gum Funera	Direc	tore	Inc	
- 1	Stanfage	MOLON	1 K	11						n, MD 21133	
-	popula.		1130	9							
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cau List only one cause o	used the deat on each line.	h. Do not	enter the m	ode of dying, auc	h aa cerdiec or	reapiratory a	irreat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Fine)					-	1			Onset and Death	
	disease or condition										
	a. Due To (OR AS A CONSEQUENCE OF):										
_	Contrar Outer Disease										
š	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if eny, leeding to immediate	DOE TO (ON)	Constant	Editive of						i	
9	cause. Enter UNDERLYING CAUSE (Disease or Injury	С.									
쁜	that initieted events	DUE TO (OR	AS A CONSEQU	ENCE OF):						i 1	
8	resulting in death) LAST	d									
							1				
MEDICAL	PART II. Other aignificent condition	na contributing to dea	th but not rea	ulting in t	he underlyli	ng ceuse given in	Part I. 24e. V	WAS AN AUTOPS PERFORMEO?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
5	Dtabeter	Mullit	الما					YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
										t - YES 2 - NO	
3							_			1 129 2 1 110	
Z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I THER:	PLACE OF GEATH (C)	neck only one)				
S	1 - YES 2 - NO	t Inpatient 2 ER/	Outpatient 3			me 5 Residence	6 Other (Spec	ffy)			
E	27. MANNED OF OEATH	28a. DATE OF INJU	JRY	28b. TIME O		JURY AT	28d. DESCRIBE	HOW INJURY	CCURED		
	t Natural 5 Pending	(Moral, Day, 16	~	noun		YES 2 NO	1				
BY	a C a titt	28e. PLACE OF IN.	JURY — At hom	e, form, stre	et, factory, off	Ice	26f. LOCATION	(Street and Num	ber or Rural	Route Number,	
8	4 Homicide 6 Could not be	building, atc.	(Specify)				City or Town	, State)			
COMPLETED	(Oraca oray	ICIAN: To the best of my I	unowiedge, deat	h occurred i	nt the time, da	ta and place, and du	e to the cause(a) a	nd manner as a	stated.		
M	one)	ER: On the basis of exami	nation and/or in	vestigation,	n my opinion,	death occured at the	time, data and p	ece, and dua to	the cause	(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	p //				29c. LICENSE NU	MBED	201.0	ATE DIONE	D (Month Day Year)	
BE	CL A	00-	0	2 as	7	296. LICENSE NO	MDEN	290.0	ALE SIGNE	D (Month, Day, Year)	
2	Duplus for	Viant	- Cur	, ;	リ				6/1	-1711	
F	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE O	F DEATH (ITEM	27) (Type, Pr	int)						
	ı										
	3t. OATE FILEO (Month, Day, Year)	32. PEGISTRADIS	SIGNATURE	7.00							
	JUN 20 199	1 gulia Dav	1990 - Nov	freeze							
		- 1 // 1									

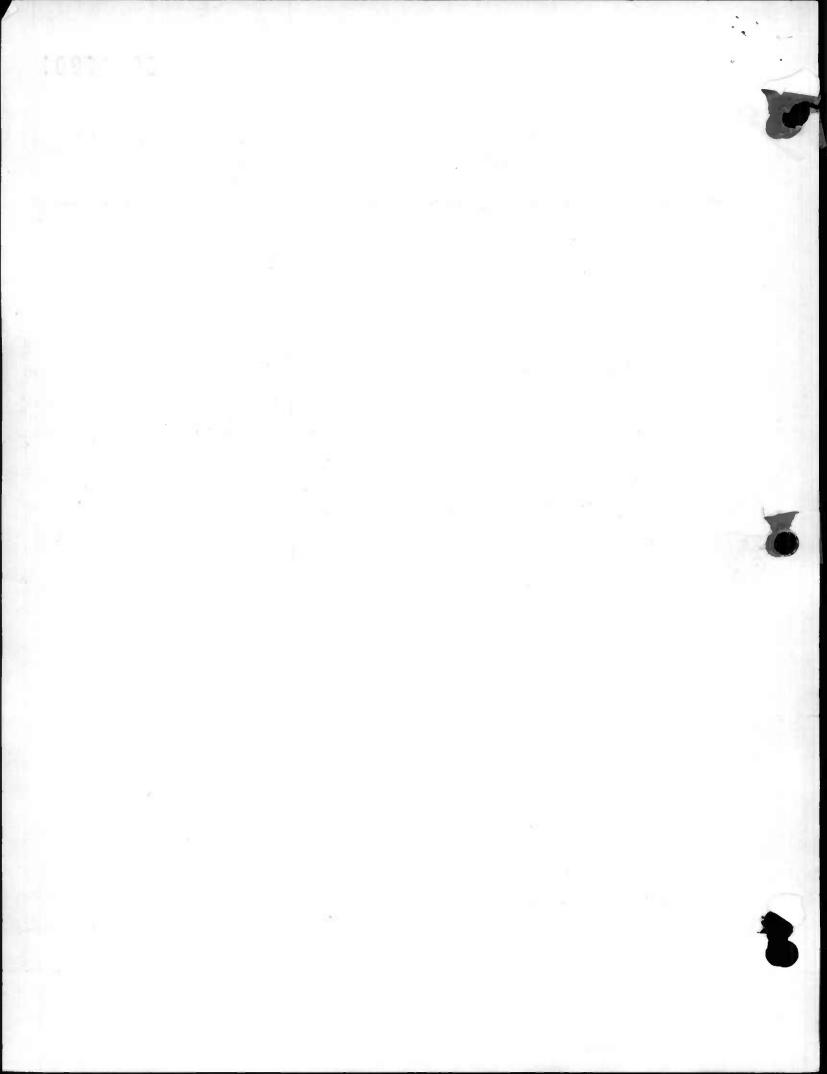


eal examiner must be notified at once.

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	. 4)
-		p.	
			_

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIENE REG. NO.					
		oretta Sulli			2. DATE OF DEATH MONTH DAY June 19,	1990	3. TIME OF OEATH 1320 M			
	1 - 1 - 1 - 1	1 M 2 M 78	YRS. MONTHS	R t YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, 'Pey, Veer) 1 1 1	Mary	land			
TOR	Baltimore County			Randallstown						
DIRECTOR	Maryland Balti	more	10c. CITY, TOWN	or Location ockdale		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
RAL	10e. STREET AND NUMBER	Desires		101. ZIP CODE 2120		10g. CITIZEN OF V				
BY FUNERAL	3419 Meadowdale Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES			WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specifi	NIC ORIGIN? (Specify Yea o	r No— 14. RACE Bleck Speci	— American Indian, k, White, etc.			
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12) High School	ATION ompleted) Coffege (1-4 or 5+)	6e. OECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. Homemak	during most of working	16b. KIND OF BUSIN					
COM	17. FATHER'S NAME (First, Middle, Last)		TOMOMO!		ME (First, Middle, Maiden Su	rname)				
BE	Dominick 19s, INFORMANT'S NAME (Type/Print)	Duly	T		rgaret Goll					
5	Mr. William R. Su	llivan		ss (Street and Number or Rural lon Bridge Ro		A THE PARTY OF THE	21784			
	20s. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. F		lame of cemetery, crematory or	20c. LOCA	allstown	wn, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE		7 1	NAME AND ADDRESS OF FA LOTING Byers 3728 Liberty	GLUTY Funeral Dir	ectors,	Inc.			
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) PRICARESIVE CARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF): B. WITH BRAIN METASTASES DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions	contributing to deeth but	not resulting in the u	inderlying cause given in	Part I. 24a, WAS AN AI PERFORM 1 YES 2	E07	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN		HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C)	seck only one)					
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpet 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d, OESCRIBE HOW INJ	JURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY - building, etc. (Specify	At home, farm, street, fa	ctory, offica	261. LOCATION (Street and City or Town, State)	d Number or Rural i	Route Number,			
COMPLETED	onel -	IAN: To the best of my knowled: On the basis of examination of					s) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	islup		29c, LICENSE NU	37333	29d. DATE SIGNED 6.19	(Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	10, B (G)+,	RANDA	ML (70W2)	, MD 21	133				
	31. DATE FILE JUN 20 1990	32. DEGISTRAR'S SIGNAT								





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 and safer death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use sectite burish man page.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	ID MENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

	1 - STATE STATE CF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
8	WANDA	J.	SM	IITH		JUNE	14, 199	0 3:55P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	1	7. DATE OF BIRTH (Month, Day, Yea	8.	BIRTHPLACE (State or Foreign Country)
	220-88-6348		2.6 YRS.	MONTHS DAY:	HOURS MIN.	1-24-		MD
-	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BALTI	ORE		BALT	IMORE CITY
8	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
ā	MD		BAD	TIMOR	E, CITY			LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
106. STREET AND NUMBER 107. ZIP CODE 106. STREET 107. ZIP CODE 108. STREET 108. STREET 109. STREET AND NUMBER 109						T.	ISA	
5		12. WAS DECEDENT EVER I			ECENDENT OF HISPA specify Cuben, Mexic		Yes or No- 14	I. RACE — American Indian, Bleck, White, etc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Speci		'	Specify: BLACK
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S	1	71011	Las inne an		
	(Specify only highest grade c	ompleted)	(Give kind of life. Do NOT u.	work done during	most of working	166. KIND OF	BUSINESS/INDUS	STRY
12	12th	College (1-4 or 5+)		ISABLE	ח			3
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		U	IONDEL		AME (First, Middle, Me	iden Surnama)	
	HOWARD SMITH SR				ANNIE		,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	at and Number or Rural		Town, State, Zip Co	ode)
임	ANNIE SMITH		610 E	. BID	DLE ST.	-BALTIM	ORF. M	ID. 21202
	20a. METHOD OF DISPOSITION 1X Burtel 2 Cremetion 3 Ramon		PLACE OF DISPO	SITION (Name of	cemetery, crematory or		LOCATION — CII	
	4 Donation 8 Other (Specify)	B	ALTIMOR	E CEM	ETERY	E	BALTIMO	RE. MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						CILITY		
	> Glanding	, Wa	Com					NORTH AVE.
	23. PART I. Enter the diseasea, or co ahock, or heart fallure. L	mplications that cause lat only one cause on a	d tha daath. Do i ach lina.	not anter the	noda of dylng, suc	ch aa cardiac or r	espiratory arrea	it, Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Progicts the Multiplical Leuke encephalopathy Durks Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leeding to immediate Due to (OR AS A CONSEQUENCE OF):							
	resulting in death)	Progiessile	Multi	recal	Leukol	ncesha	espar.	hy 2w/s
		DUE TO (OR AS /	A CONSEQUENCE O	F):	11			, ,
O	Sequentially list conditions, b.	DUE TO (OR AS	CONSEQUENCE O	nm 4/2	DEC POE	Lady to	MONE	and offens
ÄT	cause. Enter UNDERLYING	·						
E	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE O	F):				
CERTIFICATION	resulting in daeth) LAST							
	PART II. Other algnificent conditions	contributing to death t	out not resulting	In the underly	ing cause given in	Part i 24a WM	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL		2			ing cadao given ii	PEF	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 U YE	S 2 NO	OF DEATH?
Σ								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)		
Sic	EXAMINER?	HOSPITAL:	nstlent 3 🗆 DOA	OTHER:	ome 5 🗆 Residence			
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIN	E OF 28c.	NJURY AT	28d. DESCRIBE H	OW INJURY OCCU	RED
ВУР	1 Nstural 5 Pending	(Month, Day, Year)	IN.	JURY M 1 [WORK?			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, stc. (Spe	- At home, farm,	street, factory, o	fice	281. LOCATION (St	reet and Number or	Rural Route Number,
TED	4 Homicide datermined	bunung, sec. (Spe	City)			City or Town, S	itate)	
12	29e. CERTIFIER (Check only	IAN: To the best of my know	rledge, death occurr	ed at the time, d	ste end place, and du	to the cause(s) and	manner se stated	
COMPLET	and the same of th							ceuse(s) and manner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		-	SIGNED (Month, Day, Year)
BE (X-76	in mo)				1	114/00
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE						
	CARRY MA:	TR JOS	w h	coplan	1 /600	P K	alt.	me p
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	LATURE					
	JUN20 1990 9	THE HILLIAM						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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. After this certificate has been signed by the attending physician and completely filled in by the funeral dimensions be defaulted by use as the by	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m	ĺ
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	CYNTHIA ELIZA	BETH SHAFF	ER		25	6 1	ຶ້2 <u>ອ</u> ື່	90 11:3	0 R4
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country)	gn
	233-46-9988 9a. FACILITY NAME (If not Institution, give si	1 M 2 V 9	1 YRS.	9b. CITY, TOWN (HOURS MIN.	9-3-898	9c. COUNTY	PA	
DIRECTOR	SACRED HEART	HO8PITAL		CUMBER	LAND, M	D	ALLE	GANY	
5	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
造	MD ALLE	GANY	RAW	LINGS,	MD.			1 YES 2 X NO	0
A	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	DT #2 POV 217	Λ			21557		US	A	
5	DT #3 BOX 217	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DO		1 TYES	2 NO Specify			Specify: WHITE	
	15. DECEDENT'S EDUC	CATION	18a, DECEDENT'S U	SUAL OCCUPATION	NA .	16b. KINO OF BUS	PINESS (INOLIS		-
	(Specify only highest grade	completed)		ork done during mo		Too. KING OF BO.	31140337114003	ini	
김	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home	maker		Self			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden			
O	Melvin	Field			Rosa	a May	field	1	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street of	nd Number or Rural I	Toute Number, City or Tow	n, State, Zip Co	de)	
2	Phyllis Kile		Rd 3	Box 2	17 A I	Rawlings,	MD	21557	
10	20s. METHOD OF DISPOSITION 11 Burlet 2 Cremetion 3 Rem	coral from State	. PLACE OF DISPOSI	TION (Name of ce	netery, crematory or	20c. LO	CATION - City	or Town, State	
3	4 Donation 5 Other (Specify)	P				у Мо	rgant	own, WV	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	}		ID ADDRESS OF FA				
	Alvaig +	SCILLIA		85 9	. Main	neral Hom St Keys	er. W	IV 26726	
	23. PART I. Enter the disease, or o	complications that cause	the death. Do no					, Approximete	
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								Interval Bety Onset and D	
	disease or condition resulting in death)	. ACUTE MY	OCARDI	LINFAF	CTION				
	DUE TO (OR AS A CONSEQUENCE OF): A theroscrobe Heart Disease								
Z	Sequentially list conditions								
Ĕ	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	:				i	
5	CAUSE (Disesse or Injury	c. DUE TO (OR AS /	CONSEQUENCE OF	:					
CERTIFICATION	that initiated events resulting in deeth) LAST	222.12 (2.1.1.2.)						į	
CE		d							
AL	PART II. Other significent condition		out not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO	
음	Atrial Fibra	Marran				1 YES 2	NO	COMPLETION OF CAU DF DEATH?	USE
ME								1 TES 2 NO	
PHYSICIAN: MEDIC									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P OTHER:	LACE OF OEATH (Ch	eck only one)			
IYS	1 ☐ YES 2 ☑ NO 27, MANNER OF OEATH	1 Inpatient 2 ER/Outs 28s. DATE OF INJURY	patient 3 DOA 28b. TIME			6 Other (Specify) 28d, OEŞCRIBE HOW I	N H 100 000 10	AF6	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	IRY W	PURY AT DRK? YES 2 NO	28d, DESCHIBE HOW	NJUHY OCCUP	IED	
BY	2 Accident Investigation 3 Suicide 5 Could not be	28a. PLACE OF INJURY	/ — At home, farm, at			28f. LOCATION (Street	and Number or	Rural Route Number	
ED	4 Homicide 5 Could not be	building, etc. (Spe	clfy)		-	City or Town, State,)		
COMPLETED	29a, CERTIFIER								
MP	anal	ICIAN: To the best of my know ER: On the basis of examination						susse(s) and manner as state	ted.
8	296. SIGNATURE AND TYPE OF CERTIFIE			, and openion,					
BE	THE DE CERTIFIE	1//	1111		29c. LICENSE NUI		Z9d. DATE S	IGNED (Month, Dey, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tons	Print)	MD 35	13)	6	113/10	
	Thomas F	·CHEMY	-		TON DRIV	Cinare	T ABITO	MD 01500	
	31. DATE FILED (Month, Day, Year)	- 32. REGISTRAR'S SIGN	ATURE	_	TOW DKIV	E CUMBER	LAND,	MD 21502	
		1990 Like 1	Carle Mary	1.60					

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lical examiner must be notified at once.

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T	2	P 2	69	
DIVISION OF VITAL RECORDS, P.O. BOX 131	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician see the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to warm	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traument	
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REGISTRAR		CERTIFI	ICATE OF	DEATH	REG. NO.			
1, DECEOENT'S NAME (First, Middle, Las CCOMEN	The control of the same of the control of the contr	CHWE12	FR		2. DATE OF DEATH DA	YEAR OF THE	ar . SA	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
577-03-8242	1 🗆 M 2 🙀 F	104 YRS.	MONTHS DAYS	HOURS MIN.		1885	Germanv	
9a. FACILITY NAME (if not institution, give	TOTAL PROPERTY.	r Wash		or location of di	EATH	9c. COUNTY		
Hebrew Home						PIOTE	gomery	
Maryland Mon	tgomery		y, town or loca ockvill				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
6121 Montrose	Road			20852		U.S	.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	cendent of HISPAI ecify Cuban, Mexica 3 2 PNO Specifi	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify ite	
15. DECEDENT'S El (Specify only highest gra		18e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDUST	RY	
Elementery/Secondary (0-12)	College (1-4 or 5+)		work done during make retired.)	osi or working	own	home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
Jacob Eich	berg.				sa Wohlge			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street		Route Number, City or Tow		to)	
Allen Schweize	r						ville,Md.2	
20a. METHOD OF DISPOSITION	1	20b. PLACE OF DISPOS	SITION (Name of ce	metery, crematory or	20c. LO	CATION - City		
1 Burial 2 Cremation 3 Red 4 Donetion 5 Other (Specify)	emoval from State	B Nai Is	rael C	emeter			eights, Md	
21. BIGNATURE OF FUNERAL SERVICE				ND ADDRESS OF FA				
Ives-Pearson Funeral Homes 472 N. Washington St. F.C. Va.								
	er complications that c e. List only one cause	ausad the daath. Do r on each lina.	not enter tha me	oda of dying, suc	ch as cărdiac Dr reap	iratory arrest,	Approximata interval Betwee Onset and Dea	
disease or condition resulting in death) a. POSSIBLE MASSIVE MYOCARDIAL INFARCTION. OUE TO (OR AS A CONSEQUENCE OF):								
Sequentielly list conditions,	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):							
If any, leading to immediate cause. Enter UNDERLYING		SCLEROT		RDID VA	CULAR "	DICEA	SE	
CAUSE (Disease or injury thet initiated events		R AS A CONSEQUENCE OF		-(0 01)		<u></u>		
reaulting in death) LAST	4							
	0							
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. SEVERE DEMENTIA- 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C/	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 E	R/Outpatient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)			
27. MANNEB OF DEATH	28e. DATE OF IN	JURY 28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
Natural 5 Pending	(Month, Day,	rear) INC		ORK? YES 2 NO				
2 Accident investigation				281. LOCATION (Street City or Town, State		Rural Route Number,		
29e. CERTIFIER	112 112 112							
(Check only CERTIFYING PH							ause(e) and menner ee stated	
29b. SIGNATURE AND TITLE OF CERTI	FIER			29c, LICENSE NU	MBFR	29d, DATE SI	IGNED (Month, Day, Year)	
P-Taler	en, rid	OF DEATH (ITEM 27) (Type) MONTRO		D365	52	> 6/8	3/90	
30. NAME AND ADDRESS OF PERSON PANYAJ TALLY	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	SE PA	AD R	OCKVILLE	ME	0.20852	
31. DATE FIN (OrlA Dougless) -	32. REGISTRAR			•				
OUIT ZU TOOM	4.							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - STATE STATE OF MAINTE	CERTIFI	CATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
Ì	WILLIAM JEROME TABEL	ING, SR	•	JUNE 14,	1990	3:10 P. M	
I	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign	
	213-09-0982 1□X™2□ F	93 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) NOV . 26 . 1	896 Ma	"yland	
ı	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF I	DEATH	
	204 E. Joppa Rd.		Towson		Balti	more	
I	10a. STATE 10b. COUNTY	10c, CITY	, TOWN OR LOCATION			10d. INSIDE CITY	
	Maryland Baltimore		Towson			LIMITS?	
	204 E. Joppa Rd. Apt. 915		101. ZIP CODE 21204		USA	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 WES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 — YES 2 — NO Spec	can, Puarto Rican, etc.)	r No — 14. RAC Blec Spec	E — American Indian, ik, White, etc. #/y: White	
-	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSH	NESS/INDUSTRY		
	Elamentary/Secondary (0-12) College (1-4 or 5+)	1	rork done during most of working e retired.)	200		n -	
ŀ	12 Years	Executi	ve Vice Preside	AME (First, Middle, Melden St	inting (.0.	
1	Henry Gerhardt Tabeling		Ottil		array		
	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Run				
	William J. Tabeling, Jr.		lala Ct. Timoni		093		
	20a. METHOD OF DISPOSITION 1 M Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	other place)	RITION (Name of cometery, cremetory of Cemetery		ation - chy or t altimore	PE-Meyreo	
I	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	O Datelinoi	22. NAME AND ADDRESS OF	ACILITY		z, Mu.	
Ì	James F. Burnside, Jr.	gr.		edefeld Home		21212	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, shock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):						
1	PART II. Other algnificent conditions contributing to deeth I	but not resulting i	in the underlying ceuse given			b. WERE AUTOPSY FINDINGS	
				PERFORM 1 TYES 2)		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (
	1 YES 2 NO 1 Inpetlant 2 ER/Out 27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIM		■ 5 ☐ Other (Specify) 28d. DE\$CRIBE HOW IN.	JURY OCCURED		
ļ.	1. Matural 5 ☐ Pending (Month, Day, Year) 2 ☐ Accident Investigation	inj	WORK? M 1 YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJUR building, etc. (Special Country of the count	Y — At home, ferm, a polity)	street, factory, offica	281. LOCATION (Street an City or Town, State)	d Number or Rurel	Route Number,	
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examinestic					(a) end manner as stated.	
	296. SIGNATURE AND TITLE OF GERTIFIER	MP.	MOY	UMBER 174	29d. DATE SIGNE	Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI			0.400.5		,	
	Jamshid Hamed, M.D. 204 E. Joppa Rd. Towson, Md. 21204						
	JUN 20 199b	idean Broke	CR.				

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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 2 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hosp TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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director, page 5 should be detached for use as the buria

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funk be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 90 Rober 101 OV 7:00 PM 06-7. DATE OF BIRTN 6. AGE (In yrs. lest birthday) A. SOCIAL SECURITY NUMBER 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 24-40-8145 MONTHS DAYS HOURS MIN. 1 4 2 F YRS. 2-14-Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR men UNION Alto. RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10c. CITY, TOWN OR LOCATION 10b. COUNTY Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 5823 Western RYN 21209 U SA 120106 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 87 8 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 8+) Foreman umber once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname MASZOL Te EVA notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balto, MD. ichae 21209 Western RUN 100 pe 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or other place) 20a. METHOD OF DISPOSITION 20c. LOCATION - City of must 1 Burlei 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) STAT Cometer Atonsville examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. Brown Community F.H William medicai 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ hours resulting in death) other traumatic event, Perioherial CERTIFICATION Sequantielly list conditione, if any, leading to immediate cause. Enter UNDERLYING mons CAUSE (Disease or Injury that initiated events resulting in death) LAST 10 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) or item OTHER: HOSPITAL: lent 2 FER/Outpatient 3 DOA 1 TYES 2 HO 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO 84 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 ETED Could not be 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of axemination and/or in estigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated 29d. DATE SIGNED (Month, Day, Year) 0

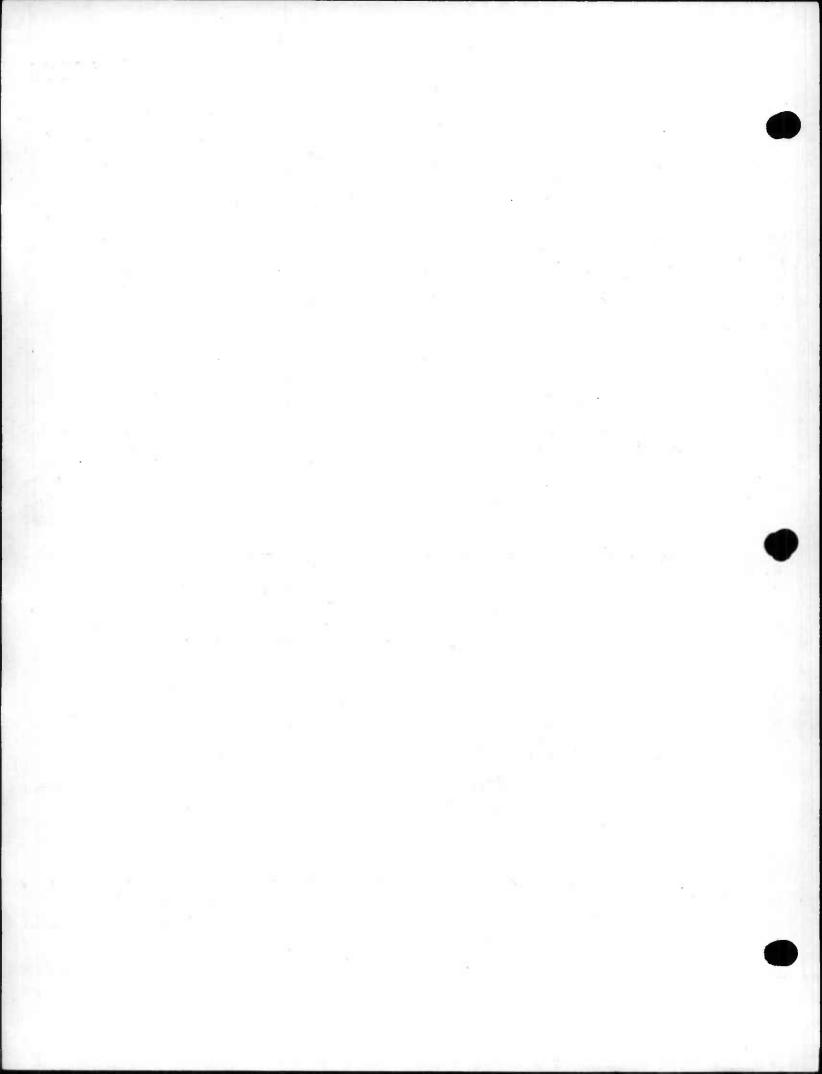
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32. REGISTRAR'S SIGNATURE

Julia Davidson

OHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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31. DATE FILED (Month, Day, Year)

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	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE			HEALTH A		TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			6				ATE OF DEATH	(Y	YEAR 3.	TIME OF DEATH
	Roy J.L. Tapp							6 17		0	4= 00 Am
	4. SOCIAL SECURITY NUMBER 411-50-4632	5. SEX 1 X M 2 T F	6. AGE (In yrs. ins	t birthday) YRS.	IF UNDER 1 YEAR			ATE OF BIRTH forth, Day, Year) 3-17-3		Country)	ACE (State or Foreign tucky
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	N OR LOCATION	i	9c. COUNTY OF DEATH			
6 H	2 Terrace Road				L:	inthicu	m		undel		
EC	10a. STATE 10b. COUNTY	,	10c. CITY, TOWN OR LOCATION						10	od. INSIDE CITY	
L DIRECTOR	Maryland Ann	e Arundel Linthicum							LIMITS? VES 2 X NO T COUNTRY?		
FUNERAL	2 Terrace Road				1		090				a cooming
JNE	11. MARITAL STATUS	12. WAS DECEDEN	MED	13. WAS			IIGIN? (Specify Yea		S.A.	American Indian.	
	1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE W	YES 2 X N	10	If yes	specify Cubsn, I	Mexican, Pue			Black, W Specify:	American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	G 09/56A				W					White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G	CEDENT'S ive kind of a Do NOT us	USUAL OCCUP work done during ne retired.)	ATION most of working		16b. KIND OF BUS	SINESS/INDU	STRY	
AP.	8th grade			Ware	housem	an		Procto	r Sil	.ex	
Š	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA					rst, Middle, Meiden			
BE (William Robert T	app	The control of the co								
TO E	19a. INFORMANT'S NAME (Type/Print) Marie Tapp AILEE	n marie '						Number City or Town			
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remo	oval from Stata	other ple	ece)		cometery, cremato	•	1	CATION — CI		
	4 Donation 5 Other (Specify)		Lou	ldon		emetery			timor	e, MI	D
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FAC Hubbard Funera					Home, I	nc.		
	+ Haun Ka	Down	4107 Wilkens A							, MD	21229
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	ahock, or heart fellure. I				not enter the	mode of dying	, such ss (cerdiac or reepi	ratory erre	æt,	interval Between Onset and Daath
	ahock, or heart fellure.	List only one cau	use on eech line	١.	Occurrence Acc	mode of dying	j, such ss (cerdiac or reepi	ratory erre	ot,	intervai Between
	ahock, or heart felture. IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO	CAC (OR AS A CONSE	av,	123						interval Between Onset and Daath
ION	ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. Cay DUE TO	use on eech line	av,	123						interval Between Onset and Daath
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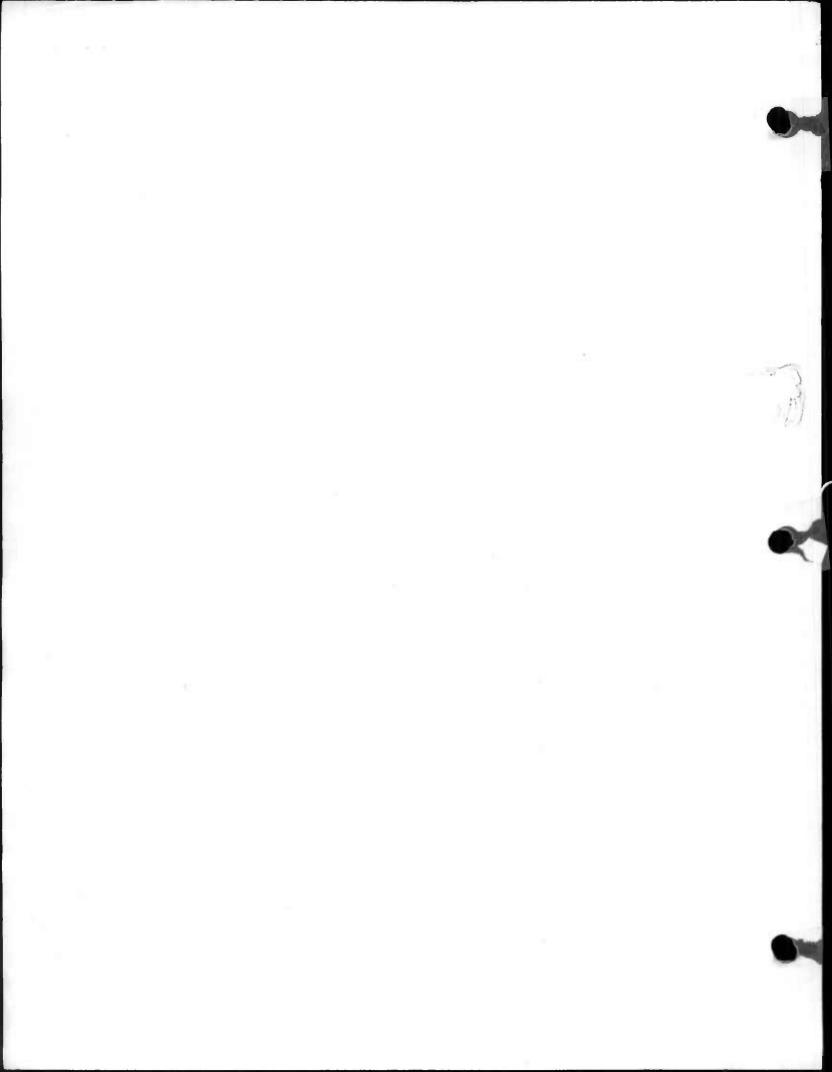
21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
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9	E	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M
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	FOR STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENI REG. NO.	E	
į	1. DECEDENT'S NAME (First, Middle, Leat) Ray TENNIS				June 19,	1990 YEAR	3. TIME OF DEATH 1:49 A.M. M
!	4. SOCIAL SECURITY NUMBER 5. SEX 6. / 1 X M 2 - F	AGE (In yrs. lest birthday) 70 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) AUG • 14	919 8. BIF	THPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital RESIDENCE OF DECEDENT	L		SSVILLE	ATH	Balti	
DIRECTOR	10a. STATE 10b. COUNTY Md. Baltimore	10c. CIT	y, town or locate Dur	on ndalk		· <u> · · · · · · · · · · · · · · · · ·</u>	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7600 Dunmanway		101.	ZIP CODE 2122	2	10g. CITIZEN OI	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEOENT EV FORCES? 1 IF YES, GIVE WAR (1) 12. WAS DECEOENT EV FORCES? 1 IF YES, GIVE WAR (1) 13. WAS DECEOENT EV FORCES? 1 IF YES DECEOENT EV FORCES? 1 IF YES DECEOENT EV FORCES EV FO			city Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.) /:		ACE — American Indian, ack, Whita, etc. pecify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us		N at of working	16b. KIND OF BUS Westeri	siness/inoustry	
BE COM	17. FATHER'S NAME (First, Middle, Last) John Tennis		III.SL	16. MOTHER'S NA ROXIO	ME (First, Middle, Maiden ROSSMAN	Surname)	· · · · · · · · · · · · · · · · · · ·
TO B	190. INFORMANT'S NAME (Type/Print) Irene Tennis		ADDRESS (Street at Dunmanwa		Poute Number, City or Tow alk MAryla		222
	20a. METHOD OF DISPOSITION 1 ☐ Buriat 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE OF DISPOSE other place) Parkwoo	od Cemete	erv	Ba	cation — city or ltimore	
	Commelly Funcial	Home		o aboress of fa Lly Fune:	ral Home o	f Dundal	lk 21222
	23. PART i. Enter the disease, or complications that can shock, or hear failure. List only one ceuse immediate CAUSE (Final disease or condition resulting in death) Ventric	on each lina. Ular Tac	hycardia	da of dying, suc	h aa cardiac or reapi	iretory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE O	yopathy h:				
MEDICAL	PART II. Other significent conditions contributing to dec	eth but not resulting	in the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Nopetiant 2 ER	VOutpatient 3 □ DOA	OTHER:	ACE OF DEATH (Ch	6 Cher (Specify)		
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		JURY WO	URY AT RK? 'ES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCUREO	
	3 Suicida 6 Could not be determined 28e. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)	street, factory, office		26f. LOCATION (Street a City or Town, State)		ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of examiners.						se(a) and menner as stated.
TO BE	200. SIGNATURE AND STILE OF CENTIFIED	- ms		29c. LICENSE NUI	MBER 9 4	29d. DATE SIGN	IEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF PERSON WITH CAUSE OF MATTER AND LAND ADDRESS OF MATTER AND L	m) 9	000 Fran	klin Squ	are Drive	, Baltim	ore, Marylan
		widow-fibrale	JE.				21237



FUNERAL DIRECTOR

BE COMPLETED BY

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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FOR 1 STATE		STATE OF N				IEALTH AND	MENTAL H	YGIENE	20	10005
REGISTRAR 1. DECEDENT'S NAME (First,	, Middle, Last)		С	ERTIFI	CATE OF	DEATH	2, DATE OF I	EG. NO.	3	. TIME OF DEATH
Christop	har	To	otis				MONTH 6	DAY	7 9D	515 PM
4. SOCIAL SECURITY NUMBER 218 - 05-0		5. SEX	8. AGE (In yrs. to		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De		Country)	ACE (State or Foreign Italy
		street and number)	prae		96. CITY, TOWN	DE LOCATION OF D	EATH		CARRO	il.
RESIDENCE OF DEC	10b. COUNT	гү		10c. CITY	, TOWN OR LOCA	TION			1	Od. INSIDE CITY
Maryland	Ba1	timore		Wood	llawn				1	LIMITS?
10e. STREET AND NUMBER					10	f. ZIP CODE		101	. CITIZEN OF WH	AT COUNTRY?
2113 Park H	Place					21207			U.S.A.	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		RMED	If yes, sp	CENDENT OF HISPA Hecity Cuban, Mexico 2222 NO Special	nn, Puerto Ricar	pecify Yea or N 1, atc.)	14. RACE - Black, 1 Specify:	American Indian, White, etc.
	EDENT'S EDI		(1)	Give kind of w	USUAL OCCUPATI	ON ost of working	16b. KIN	D OF BUSINES	SS/INDUSTRY	
Elamentary/Secondary (0)-12)	College (1-4 or 5 +)	arten			Ve	lleggi	a's Rest	taurant
17. FATHER'S NAME (First, M Angel Totis						18. MOTHER'S NA	isa Un	.,	ame)	
19a. INFORMANT'S NAME (7	ype/Print)		11	9b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, C	City or Town, Ste	ete, Zip Code)	
Mr. Robert	Totis			6243	01d Wa	shington	Road	Sykes	ville, 1	D 21784
20a. METHOD OF DISPOSIT	n 3 🗆 Aun	novel from State	20b. PLACE other p	oface)		metery, cremetory or			ON — City or Town	
4 Donation 5 Other	_		-	Lak		Memorial		Syke	sville,	MD
ELV.	10	NA.			Lor	nd address of F ing Byer 8 Libert	s Fune	ral Di Rand	rectors;	Inc.
23. PART I. Enter the bahook, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart failure.	. List only one cau	se on aach lin	ie.	ot entar tha mo		ch as cardiec			Approximate interval Between Onset and Death
Sequentially list condit		b. Au		will	ian co					
	diate	b. Au	alxia.	will	ian co					

CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reauiting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 TES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO

3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

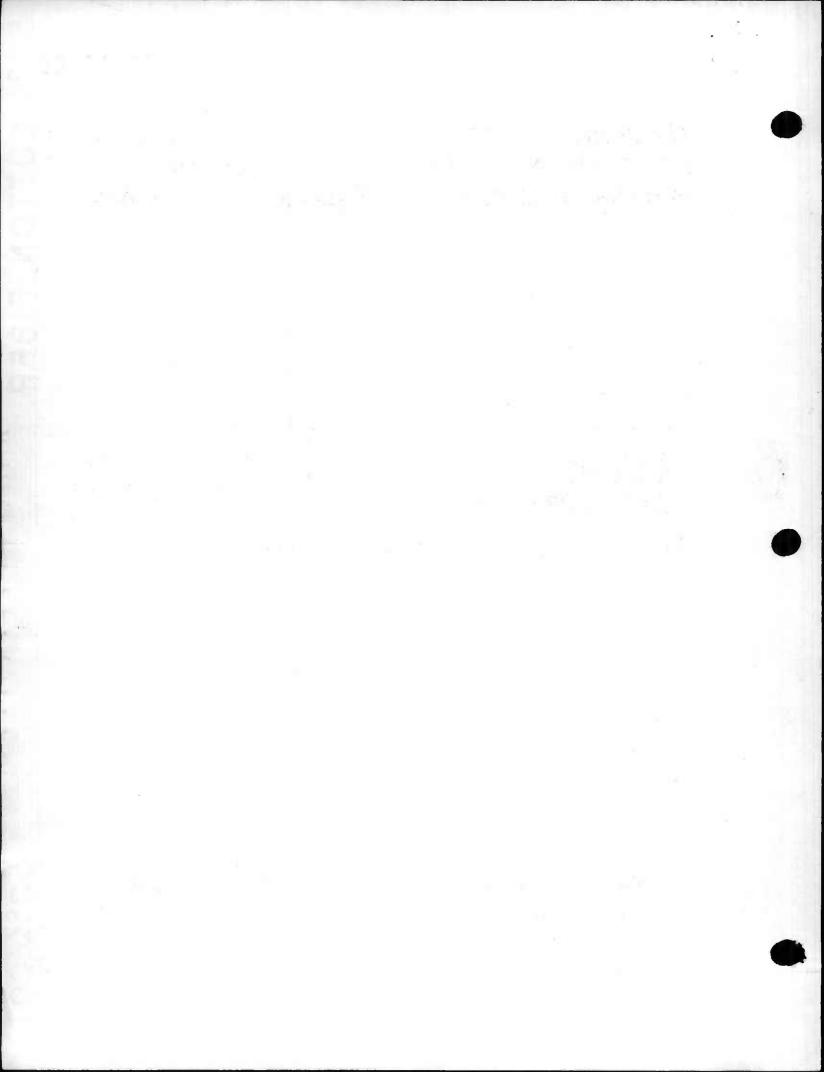
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER

30, NAME AND ADO PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

up

31. DATE FILED (Months Day) 32. REGISTRAR'S SIGNATURE



urs after death. Page 6 may be retained by the hospital or attending phys

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Executes after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR						YGIEN EG. NO.	E			
,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH		YEAR	3. TIME OF DE	ATH
	DAVID G WIDMAN								JUNE	14,	1990	TEAR	3:24	Рм
	4. SOCIAL SECURITY NUMBER 218 60 8643	5. SEX 1 (X) M 2 (1) F	6. AGE (In yrs. la	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	24 HRS. MIN.	7. DATE OF E	HRTH (, Year)	951	8. BIRTH Count	HPLACE (State or Ty) MD	Foreign
	9a. FACILITY NAME (If not institution, give stre				9b. CITY,	TOWN O	R LOCATIO	N OF DE				NTY OF C	DEATH	
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ដ្ឋ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			I soc CIT	Y, TOWN O	D LOCAT	ON						10d. INSIDE CI	rv
DIRE	Md				ltim		ON .						LIMITS?] NO
FUNERAL DIRECTOR	3809 Yolando I	Road				101.	ZIP CODE 21.	218			10g. CIT	USA	WNAT COUNTRY	
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E	15. DECEDENT'S EDUC. (Specify only highest grade of		ECEDENT'S	USUAL O	CCUPATIO	N of under	_	16b. KIR	D OF BU	SINESS/INI	DUSTRY			
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5	A) III	Resea	se retired.)					F	lospi	tal		
	17. FATHER'S NAME (First, Middle, Last) George	e J. Wid	man				16. MOTH	ers na Eliz	ME (First, Midd abeth	le, Maiden 01se	Sumame) 2N			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Elizabeth O.	Widman	1		ADDRESS 9 Yo				Balti				21218	
	20a. METHOD OF OISPOSITION **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	val from State	20b. PLACE	e of dispo	SITION (Na	edee	mer (entory or Ceme	tery	1000			own, Stata	
	21. SIGNATURE OF PUNERAL SERVICE LICE SHETTIAN	1 hu	such		22.	Mito	hell	Wie	defelo ad Ba				212	12
	23. PART I. Enter the diseases, or c shock, or haert feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications the	O (OR AS A CONS	18.	DF):	the mo	de of dyl	ng, suc	h es cerdiec	or resp	iratory er	rest,		mate Between and Death
CERTIFICATION	Sequentially list conditions, if any, laeding to immedieta ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO	OF AS A CONST	EOUENCE C)F): S-e		Š						10	uk yx
PHYSICIAN: MEDICAL C	PART II. Other elgnificant conditions Heynor Fal Upper GI Du	eedn	daath but not	t rasulting	In the ur	nderlyln	g ceuse g	given in		a. WAS AN PERFOI		24	b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	OR TO OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)	-				
SIC	EXAMINER? 1 YES 2 KNO	HOSPITAL:	☐ ER/Outpatiant	3 DOA	OTHE		e 8 🗆 Ra	aldenca	6 Other (S	pecify)				
	27. MANNER OF OEATH Netural 5 Pending	26a. OATE O		28b. TII		28c. INJ	URY AT	NO	28d. DESCR		INJURY O	CUREO		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE building	OF INJURY — At I	home, farm,	street, fac				28f. LOCATI City or 1	ON (Street lown, State	and Numb	er or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												(a) and manner a	s stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	A	M	econotine		n=n1		ENSE NU		000 (01)			D (Mghth, Day, Yo	

DHMH-16 Rev 1/89

29d. DATE SIGNED (Mohith, Day, Year)

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BALTIMORE, MARYCAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 Tours after death. Page in may be retained by the	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the innersal director, page 5 should be the		MPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH a YEAR Ellen Mae Wright ELLEN WRIGHT 6--9n 11:30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 225-03-7656 1 M 2 F Va YRS. 04-20-19 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL CORPORATION DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore MD. Essex 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 76 ORVILLE ROAD U.S.A. 21221 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 YES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Housework At Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Norman Gallier Myrtle Dooley BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 622 Hyde Park Rd. Balto., Md. 21220 James Wright 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State Oak Lawn Cemetery Eastwood, Md. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ahock, or heert feliure. List only one cause on eech line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition Gotro- infestiral Pevelie resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Centraly or order Athererelevon COMPLETION OF CAUSE 1 YES 2 NO IDDA CHE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA EXAMINER? OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

| 1 | CERTIFYING | PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE (enguisons 6/18/90 D16619 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PORAZON 100 N. BECKDINAY VERGARA _ BACT. HD. 223/ SOARES HD.

37 REGISTARY SIGNATURE

an for a

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* nours after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Greg

JUN2 0 1990

M.D

32. REGISTRAR'S SIGNATURE

Wolff

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR	STATE OF MARYLAND	/ DEDADTMEN	IT OF HEALTH AND	MENTAL HYCIENE	20	1001
- STATE REGISTRAR			E OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	matos.	Irene Wa	ashington	2. DATE OF DEATH MONTH DAY	CEAR 3.	TIME OF DEATH
, •	5. SEX 6. AGE (In yrs.)		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Pay, Year)	6. BIRTHPL/ Country)	ACE (State or Foreig
9e. FACILITY NAME (If not institution, give stre		9b. CIT	TY, TOWN OR LOCATION OF D	EATN P	COUNTY OF DEAT	
Maryland Genera	al Hospital	B	ALTIMOR	e City E	BALTIM	ORG.
10e, STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	W		d. INSIDE CITY LIMITS? YES 2 N
10e. STREET AND NUMBER	1 4 04 #	10000	101. ZIP CODE	10	g. CITIZEN OF WHA	T COUNTRY?
	12. WAS DECEDENT EVER IN U.S.		2/2/ 3. WAS DECENDENT OF HISPA		4 S	American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES 2 FIF YES, GIVE WAR OR DATES	Muo	If yea, specify Cuban, Maxic 1 YES 2 NO Speci		Specify:	grine, arc.
15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	e during most of working	16b. KIND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	L. P.	N.	Nur	5~	
17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Meiden Surr		
190. INFORMANT'S NAME (Type/Print)	mith	19b. MAILING ADDRE	SS (Street and Number or Rural		tete, Zip Code)	mi). 2
20e, METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Remove	20b. PLAC	CE OF DISPOSITION (I	Name of cemetery, cremetory or		ION — City or Town,	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		TCISON	Forest Vel	ACIUTY 1 O W	ngs Mil	(IS, M)
· Wim C.	Birown	i	Jim C. A	1206 1	OMMUN'T	FH
23. PART i. Enter the diseases, or co	emplications that caused the let only one cause on each ii	death. Do not ente	er the mode of dying, au			Approximate interval Bet
IMMEDIATE CAUSE (Final disease or condition resulting in death)			igmoid Can	cer		Onset and
resulting in death)	DUE TO (OR AS A CONS					1
Sequentially list appelling						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE OF):				
	DUE TO (OR AS A CONS					
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEOUENCE OF):	underlying cause given in			
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):	underlying cause given in	1 Part I. 24a. WAS AN AUT PERFORME 1 ☐ YES 2 🛣	NO OF	MILABLE PRIOR TO OMPLETION OF CA F DEATN?
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):	underlying cause given in	PERFORME	NO OF	MILABLE PRIOR TO OMPLETION OF CA F DEATN?
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONS contributing to death but no	SEOUENCE OF):	26. PLACE OF DEATH (C	PERFORME 1 YES 2 X	NO OF	MILABLE PRIOR TO OMPLETION OF CA F DEATN?
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. Was Case referred to Medical EXAMINER? 1 □ YES 2 ☑ NO 27. MANNER OF DEATH 1 ☑ Netural 5 □ Pending	DUE TO (OR AS A CONS	SEOUENCE OF):	26. PLACE OF DEATH (C ER: ursing Nome 8 Residence 28c. INJURY AT WORK?	PERFORME 1 YES 2 X	D? AN CC OH	MILABLE PRIOR TO OMPLETION OF CA F DEATN?
If einy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONS contributing to death but no HOSPITAL: 154 Inpatient 2 - ER/Outpatient	ot resulting in the total state of the state	26. PLACE OF DEATH (C ER: ursing Nome 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORME 1 YES 2 X heck only one) 5 Other (Specify)	D? AM O CO O O O O O O O O O O O O O O O O O	MILABLE PRIOR TO MIPLETION OF CA F DEATHY! YES 2 NO
If einy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONS Contributing to death but no Contributing to death but no Contributing to death but no ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At building, etc. (Specify)	ot resulting in the control of the c	26. PLACE OF DEATH (CER: ursing Nome 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	PERFORME 1 YES 2 X beck only one) 5 Other (Specify) 28d. DESCRIBE NOW INJU 28t. LOCATION (Street and City or Town, State)	NO CCURED Number or Aural Router as stated.	MILABLE PRIOR TO MPLETION OF CA
If einy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONS contributing to death but no contributing to death but no HOSPITAL: 150 Inpatient 2 = ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At building, etc. (Specify)	ot resulting in the control of the c	26. PLACE OF DEATH (CER: ursing Nome 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	PERFORME 1 YES 2 X heck only one) 6 Other (Specify) 28d. DESCRIBE NOW INJU 28t. LOCATION (Street and City or Town, State) e to the cause(a) and manner e time, data and place, and di	NO CCURED Number or Aural Router as stated.	YES 2 NO

c/o Maryland General Hospital

(ii) (ii) V

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	AL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH	ıv.	YEAR	3. TIME OF DEATH
	Florence G. Ward								MON			10	2.30 A-M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE	E OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	215-09-2833	1 M 2 F	73	YRS.	MONTHS	DAY8	HOURS	MIN.	I I	5-6-17	_ 4		aryland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATH	1	9c. COUN	TY OF D	EATH
DIRECTOR	St. Agnes Hospit	al				Ва	ltim	ore					
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
5	Maryland Ba	ltimore			aton	svil	1e						1 YES 2 NO
4	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	715 Maiden Choic	e Lane,	Apt. C	C320			2	1228	3		U	.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED						IN? (Specify Yea	or No-	14. RAC	E — American Indian, k, Whita, etc.
7	1 Never Married 2 Married		YES 2	<u>X</u> ∫NO	If yes, specify Cuban, Mexican, Puerto 1 YES 2 NO Specify:				Rican, etc.)		Spec		
В√	3 X Widowed 4 Divorced				1 ∐ YES 2 M NO Specify:								White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind		(Give kind of	work done o			ng	16	b. KIND OF BUS	SINESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)			- 111 -								
MP	12th grade	Inv			stig	ator		_	_	U.S. Go		ment	
8	17. FATHER'S NAME (First, Middle, Last)						100000		_	, Middle, Malden	Surname)		
BE	Harry Gorrell	19b. MAI			Leonora Lan								
2	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street and Number or Rural Route Num							nm 010/0		
		Carolyn W. Hough 8275 Old Fred METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of com							1.				
	1 Surial 2 Cremation 3 Rame	oval from State	othe	r place)							CATION —	•	
	4 Donation 5 Other (Specify)							Be	l Air	, ML			
	21. SIGNATURE OF THE SERVICE	0	H							Home, 1	Inc.		
	Jeus 1.	Smi	4									e, M	D 21229
	23. PART I. Enter the diseases, or of shock, or heart failure.				not antar	tha mo	da of dy	ing, suc	h aa ca	rdiac or reapi	iratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	List Only Ona Ca	use on each	ıma.									Onest and Death
	disease or condition resulting in death)		Seps	S									4
		DUE TO	OR ASA CON	SEOUENCE C	PF):								
Z	Sequentially list conditions,	b	farer	estil	isi								
CERTIFICATION	if any, leading to immediate	DUE TO	OR AS A CON	SEOUENCE C)F):	6			47	tain c			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. OUE TO	repair	CALIVI	uggn	color	cy -	Mu	cent	cain C	ause	-	-
E	that initiated events reaulting in death) LAST	OUE IC	(OH AS A COM	ISEOUENCE (- N- N-								pr 12 0 12 1
Ä	- Version and District and	d					_						
AL (PART II. Other algnificant condition	a contributing to	death but n	ot reaulting	In the un	ndariyin	g cause	given in	Part I.	24a. WAS AN		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Emphysen	~								1 YES 2			COMPLETION OF CAUSE OF DEATH?
밀	Dialite. n	rellitus											1 YES 2 NO
2	Philolitan												
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (C)	heck only	one)			
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatien	1 3 🗆 DOA	OTHER		ne 5 🗆 Re	esidence	6 🗆 Oti	her (Specify)			
Ŧ	27, MANNER OF OEATH	28e. DATE O	F INJURY Day, Year)	28b. Til	ME OF		JURY AT		28d. O	ESCRIBE HOW	INJURY OC	CUREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(INOTALIA,	Day, reary		M		YES 2	NO					
	3 Suicide 8 Could not be		OF INJURY — A	t home, ferm,	street, faci	tory, offic	20			CATION (Street tv or Town, State)		or Rural	Route Number,
TE	4 Homicide detarmined		, , , , , , , ,										
PLE	29a. CERTIFIER Check only	CIAN: To the best o	f my knowledge	, death occur	red at the t	lme, date	and place	, and du	e to the c	cause(s) and ma	nner as sta	ed.	
COMPLETED	one)	R: On the basis of	examination and	s/or investigat	ion, in my d	opinion,	death occu	red at the	time, de	its end place, er	nd due to It	e cause(a) and manner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNE	O (Morith, Day, Year)
m	DIETUNT AU	PHAL		mal.			ST. A	CONF	5 #	OS PITAL	•	06.	17.90.
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Br)	o Print)			- n	- []	111/1			()

who completed cause of Death (ITEM 27) (Type, Print)
Miller mo 900 Caten are

Jamason WHATING

mel 21229

Baltonie

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	AIE	OF DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lapt)	Ashir	aTu,			2. DATE OF DE MONTH	DAY 20 /	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 M	8. AGE (In yr	s. lest birthday) IF	UNDER 1 YE		7. DATE OF BIF (Month, Day,	тн	8. BIRTHPLA Country)	CE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and number) BON SCOUMS HOS RESIDENCE OF DECEDENT	Sp. Tal	96.	BA	WN OR LOCATION OF DI	EATH		ALT	19 202	
FUNERAL DIRECTOR	106. COUNTY		BA	1.7	more	C		V	1. INSIDE CITY LIMITS? VES_2 \(\) NO	
EHAI	100. STREET AND NUMBER 809 WYANOKE AVE.APT	204			101. ZIP CODE *		nog. CIT	USA	COUNTRY?	
מסב זמ	11. MARITAL STATUS 12. WAS DECE FORCES?	DENT EVER IN U.S 1 YES 2 E WAR OR DATES	. ∑NO	It yes	DECENDENT OF HISPAI a, specify Cuban, Maxica YES 2 NO Specif	in, Puerto Rican,		14. RACE — Black, W Specify:	American Indian, hite, etc.	
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N / A College (1-4 o		Give kind of work He. Do NOT use re	done durin ired.)	PATION g most of working	18b. KIND	OF BUSINESS/IN	DUSTRY		
5	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)			
DE L	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (St	reet and Number or Rural		y or Town, State, Zi	p Code)		
2	ORANGEE JAMES				SUCH AVE.					
	20a. METHOO OF OISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donellon 8 Other (Specify)	20b. PL	RBUTUS	MEM (of comotory, cromatory or ORIAL PAF	RK	20c. LOCATION — ARBUTU	S, MD	State	
	21. SIGNATUSE OF FUNERAL SERVICE LICENSEE	R			.C. MARCI		1101	E. NO	RTH AVE.	
	OUE CO	EPS TO (OR AS A CO	INSEQUENCE OF:	14					Approximate interval Between Onset and Death	
	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	TO (OR AS A CO	INSEQUENCE OF):		uce	ERJ	7			
THE DIONE	PART II. Other significant conditions contributing HYPERTENS B(POCAN.		not resulting in t	C C	_		WAS AN AUTOPSY PERFORMED? YES 2 540	AM CC OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
יוהוטוטוטורים	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES DOOD TO THOUSENER.			THER:	8. PLACE OF DEATH (C					
	27. MANNER OF DEATH 28s. DATI (Mon	2 ER/Outpatie E OF INJURY th, Day, Year)	28b. TIME O	F 28	Home 5 Residence INJURY AT WORK? YES 2 NO		city) E HOW INJURY O	CCURED		
	3 Suicide 28s. PLA	CE OF INJURY — ling, atc. (Specify)	At home, farm, etre	et, tectory,	office	28t. LOCATION City or Tow	(Street and Numbern, State)	or or Rural Rout	Number,	
	29a. CERTIFIER (Check only one) 29a. Terrifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
ם סב	296. SIGNATURE AND TITLE OF CERTIFIER AMBRETER WORTH. GIVE TO 3/90 DATE SIGNED (MONTH, Day, Year)									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED AM SM CHECK	COOK	614	nt)	2431	Mol	ave	84	TD, 12/21	
	JUN 20 1990 Julia David	STRAR'S SIGNATU	ORE .				,			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be defached for use as the turns TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 5 should be defached for use as the turns	Actions after death. Page 6 may be retained by the hospital or attending pressibled in the trues as the turns of the trues of the turns of the trues of the turns.
be filed within 72 hours after death with the State Dept. of Health and Nellal hybers plot to build, certainton, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN			
	DOROTHY			WA	RD	6	16 1990				
ĺ	4. SOCIAL SECURITY NUMBER 5.		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year)	a. Biff Cour	TNPLACE (State or Foreign			
ŀ	213-10-0034	□ M 2 1 7	9 YRS.		YS HOURS MIN.	7-3-10	0	MD			
œ	9a. FACILITY NAME (If not institution, give street and number) 1102 Druid Hill Ave. Baltimore										
8	RESIDENCE OF DECEDENT	. Ave.			TTTMOTE						
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR L	OCATION IORE, MD			10d. INSIDE CITY LIMITS?				
2	10e. STREET AND NUMBER			ALITE	101. ZIP CODE		10a CITIZEN OF	1 Y YES 2 NO			
RA	1102 DRUID HILL	VAE VD.	T 20E			1	Commence of the Commence of th				
FUNERAL		. AVL. AF		13. WAS	2120		Yes or No 14. RACE American Indian,				
E	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If ye	s, apecify Cuban, Maxica YES 2\(_)\(NO Specif	an, Puerto Rican, etc.)					
ВУ	3 Widowed 4 Divorced							BLACK			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	16a. DECEDENT'S (Give kind of	Work done during the retired	PATION ng most of working	186, KIND OF I	BUSINESS/INDUSTRY				
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	DOMEST								
ME	17. FATNER'S NAME (First, Middle, Last)		DOMEST	10	18. MOTHER'S NA	ME (First, Middle, Maid	ian Surnama)				
	N/A				N/A	(, , , , , , , , , , , , , , , , , , ,	,				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or Rural	Route Number, City or	Town, State, Zip Code)				
2	VIVIAN WALSH		ID HILL	AVE-BALT	TIMORE.M	ID. 21201					
	29a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town										
	4 Donation 5 Other (Specify)	THOM STATE	other place)	ZION	CEMETER	/ L	ANSDOWN	E, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			ME AND ADDRESS OF FA						
	* Gladie	War	ک	WM	.C. MARCH	H F.H. 1	101 E.	NORTH AVE.			
	23. PART I. Enter the diseases, pr con shock, or heart feiture. Lis			not enter the	e mode of dying, suc	ch es cerdiec or re	epiratory errest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final	t only one cadae on t	booti iiiie.					Onset and Death			
	disease pr condition										
- 1	OUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, Oue TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	PF):							
ᇤ	resulting in death) LAST										
ö	PART if. Other algorificent conditions of	contributing to death	but not resulting	In the unde	riving cause given in	Port I 24e WAS	AN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
CAL	PART II. Other algument conditions	John Maring to deep !	but not readiting	iii die ditoe	nymg couse given ii	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ă						1 _ YES	2 🛣 NO	OF DEATH?			
Σ						- Ins	pection	1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C	heck only one)					
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:	tootlast 3 - DOS	OTHER:	Nome 5 Residence						
H	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. Tit	ME OF 28	c. INJURY AT		W INJURY OCCURED				
P	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY M	WORK? 1 YE\$ 2 NO						
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	IY — A1 homs, ferm,	atreet, factory	, office		eet and Number or Run	al Route Number,			
Ī	4 Homicide determined	building, atc. (Spi	өспу)			City or Town, St	(410)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my kno	wledge, death occur	red at the time	o, data and place, and du	a to the cause(a) and	manner as stated.				
NE N	one) 2 A MEDICAL EXAMINER:							e(a) and manner as stated.			
								IED (Month, Day, Year)			
I WOUND The Manual OCME 6-1								17-90			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF D	EATN (ITEM 27) (Typ	e, Print)	3 3.1						
	Margarita A. Ko	orell. M.	D.	111 F	enn St	Balto.	MD 21	1201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG									
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BALTIMORE, MARYLAND 21203-314

Page 6 may be retained by the hospital or attending

the death of that certificate the the State ltеп 6 To the hospital or attending physis to the funeral director; after this coe filed within 72 hours after death with marked, 40 28 Item 2 IMPORTANT: IL

CERTIFICATION

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HOSPITAL DR ATTENDING PHYSICIAN; The

28

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD NAOMT CAROLINE WILSON JUNE 1990 14 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER & SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURA 215-05-7153 D 1 M 2 X F 84 YRS. AUG. 09 1905 NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4913 BELLE AVENUE BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10n, STATE 10b, COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 123 W. U.S.A. 29TH STREET. APT. 9 .T 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puario Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: 3. Widowed 4 ☐ Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 7 Years HOMEMAKER DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SAM COGGINS ELIZA JANE COGGINS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. BERTHA BURKETT 4103 ROLLINS AVENUE, BALTIMORE, MD 20a METHOD OF DISPOSITION
12 Burlet 2 Cremetton 3 Removat from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION - City or Town, State BALTIMORE CO., MD ARBUTUS MEMORIAL PARK ☐ Donatton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NUTTER FUNERAL HOMES, INC. 21216 2501 GWYNNS FALLS PKWY., BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that caused tha leath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Carcinoma of unknown origin Metast 6 months reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseesa or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: ng Home 5 Rasidence 6 - Other (Specify) 1 WES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 26c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending м 1 YES 2 NO Investigation 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 4 Homtcide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) SIGNATURE AND TITME OF CERTIFIER 29c. LICENSE NUMBER 1.0 6/18 90 and address of person who completed cause of Death (ITEM 27) (Type, Print).

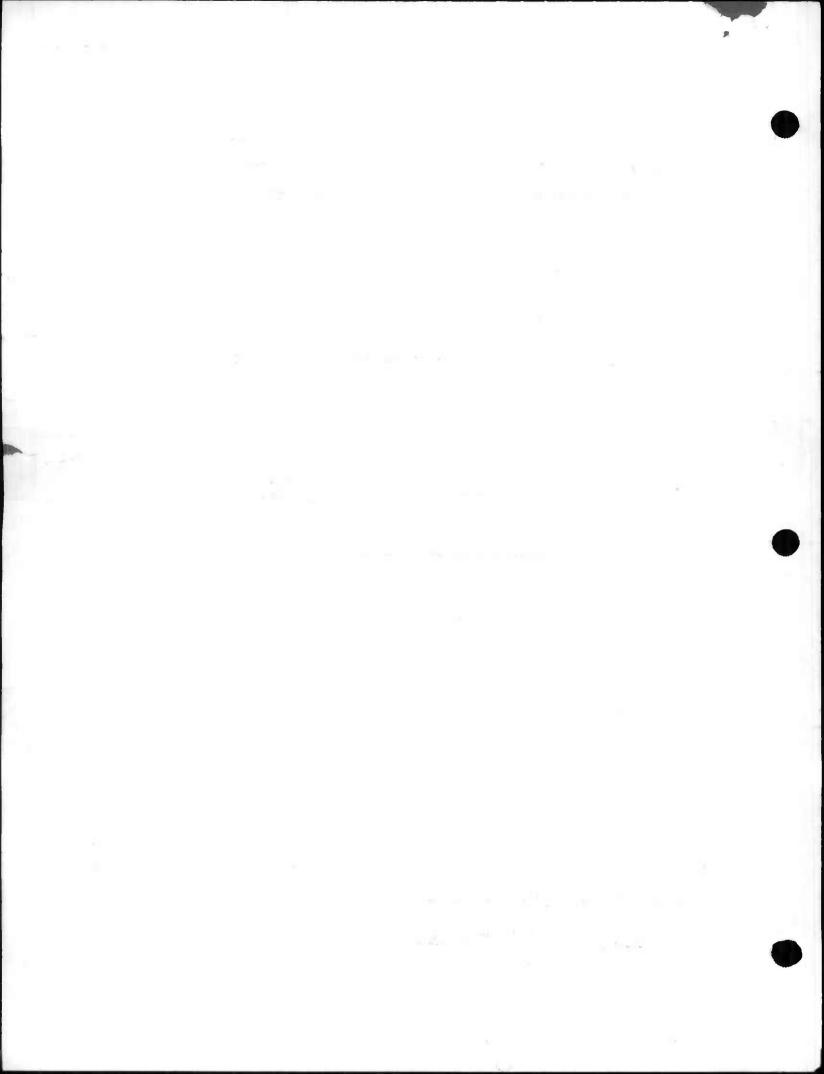
LI Creene St. Baltimore MA July Davidson-Handale 31. DATE FILED (Month, Day, Year) 20

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after cent. Proceedings to the law of the standard of the stan

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR				ENIIF	ICATE	. U F	DEATH		REG. NO.				
Į,	1. DECEDENT'S NAME (First,			П					2. DATE MONTH			YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		11iam 5. SEX	T. 8. AGE (In yrs.	lant blothday)	Wa1		IF UNDER 24 HRS.	Jun	e 14	+	90 0318 M 6. BIRTHPLACE (State or Foreign		
į	191-18-6006	En	1 🔀 M 2 🗆 F	6. AGE (III yrs.	YRS.	MONTHS	DAYS	HOURS MIN.	Aug	Day, Year)	24	Pa.	ry)	
	9e. FACILITY NAME (# not institution, give street and number)					9b. CITY,	TOWN (R LOCATION OF	DEATH		9c. COL	UNTY OF D	DEATH	
8	Peninsula General Hospital					S	alis	sbury, M	D		W:	icomi	ico	
5	RESIDENCE OF DEC													
DIRECTOR	Delaware Sussex					10c. CITY, TOWN OR LOCATION Selbyville						10d. INSIDE CITY LIMITS? 1 ☐ YES ZY NO		
4	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	Tingles Acres Mobile Home Park					19975					USA			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 EVER IN U.S. AF FORCES IN U.S. AF FOR									Spec	E — Americen Indien, k, White, etc. Sily: White			
		EDENT'S EDUC		16e.	DECEDENT'S	USUAL OC	CUPATIO	ON at working	16b	KIND OF BUS	SINESS/IN			
Щ	Elementary/Secondery (0	highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	unng mo	st of working						
COMPLETED	8			ruck	cuck driver			_	ruckin	-				
8	17. FATHER'S NAME (First, Mi							18. MOTHER'S			Sumame)			
BE	Thomad Danie		ker					Cora N						
0	19e. INFORMANT'S NAME (7)							and Number or Rure						
	Lathy L. Mc													
	1 Buriel 2 V Cremetion 3 Removal from State Other p			place)		on (Name of cometer), cremetory or correction - city or correct Crematorium Georgetown,								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						NAME A	ND ADDRESS OF	ACILITY			0,117	Delaware	
	* Rechard To Water							n Funera sboro, 1		•	C.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary Artery Disease Due to (oh as a conscouence of):													
EDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST L. Coronary Artery Bypass Due to (or as a consequence of): 4 years 4 years 4 years 4 years													
1	PART ii. Other aignifica	nt condition	a contributing to	daath but no	t reaulting	in the un	derlyin	g causa givan i	n Part i.	24a. WAS AN		r 24	b. WERE AUTOPSY FINDINGS	
2	_Chronic o	hetruc	tive lur	a dise	200					PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Diabetes			0									OF DEATH? 1 YES 2 NO	
Σ.	DAGOCCCO	did Negativa di Anto Se	.45											
A	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF DEATH (Check only or	76)				
Sic	EXAMINER?		HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHER		ne 5 🗆 Residenc	a 8 \square Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	FINJURY	28b. Til	ME OF	28c. IN.	JURY AT	_	SCRIBE HOW	NJURY O	CCURED		
		Pending	(Month, i	Day, Year)	IN	JURY M		ORK? YES 2 NO						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hor building, etc. (Specify)					street, fact	lory, offic	ce		ATION (Street or Town, State)		er or Rural	Route Number,	
COMPLET	Crieck Urily		CIAN: To the best of										(e) and manner ee stated.	
								D (Month, Day, Year)						
4	1 0	// -		26 11	-						•			
20	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	Medica USE OF DEATH (a L E.x.2 ITEM 27) (Typ	e, Print)	r	L DO3	599			6/	/14/90	
								0.1.1		MD.				
	31. DATE FILED (MINISTER)	1keley 20 19	32. REGIPTR	AND SIGNATUR	E Bode	SE R	oad,	Salish	ury,	MD				



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral arrestor, part	be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to bunal, cremation, or removal.	IMPORTANT: Hitem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be
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	FOR STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	1			7.4		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In)	rs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign				
	230-12-0468 18M2DF 7	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		N. CAROLINA		
_	Se. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
5	St. Agnes Hospital		Bal-	1-more					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?		
	MARYLAND 10e. STREET AND NUMBER	BA	LTIMOR	E CITY		1 X YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	4605 PEN LUCY ROAD			21229			SA		
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)		. RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 M Married IF YES, GIVE WAR OR DATE 3 Widowed 4 Divorced			2 NO Specify			Specify: BLACK		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION		16b. KIND OF BU	ISINESS/INDUS			
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	ork done during mo e retired.)	st or working					
MP	17, FATHER'S NAME (First, Middle, Last)			18 MOTHER'S NA	ME (First, Middle, Maide	Sumamal			
	THOMAS ARTIS			100-11-00-11-0	IE ARTIS	, ourraine)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rurel i	Route Number, City or To	wn, State, Zip Co	ode)		
-	MABEL ARTIS				D: BALTO				
	Burial 2 Cremation 3 Removal from State	ther place)		TONAT.			y or Yown, Stata RE, MARYLAND		
	21. SIGNATURY OF FUNERAL SERVICE LICENSEE	A A	22. NAME AI	OD ADDRESS OF FA	CILITY				
CAGILITIES	Therough () Russ	U	LEROY 4600	O. DY	ETT & SO Y HEIGHT	N FUN S AVE	ERAL HOME		
	23. PAJT I. Enter the diseases, or complications that caused t shock, or heart failure. Liet only one cause on eac	he deeth. Do n							
	DESCRIPTION OF A STATE OF THE S		On:	11000			Onset and Death		
מפווו,	disease or condition resulting in death) a. Respiracy Due to (or As A C	ONSEQUENCE OF	Tai						
	- Seizure	5							
ATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	ONSEQUENCE OF	7:						
TIFIC	CAUSE (Disease or Injury that initiated events	ONSEQUENCE OF	7):						
5 155	resulting in deeth) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO AMALABLE PRIOR TO								
DIC I					1 TYES		COMPLETION OF CAUSE OF DEATH?		
: MEDICAL CI					_		1 - YES 2 - NO		
AN:	25. WAS CASE REFERRED TO MEDICAL		28. P	LACE OF DEATH (Ch	eck only one)		1		
PHYSICIAN: MEDICA	EXAMINER?	lent 3 🗆 DOA	OTHER:		6 Other (Specify)		-		
PHYS	27. MANNER OF DEATH 26a. DATE OF INJURY (Morith, Day, Year)	26b. TIMI	E OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	At home form of		YES 2 NO	204 LOCATION (Street	t and Mumber or	- Dural Doubs Mumbar		
E C	3 Suicide 6 Could not be 4 Homicide determined	- at norms, mirms, s /)	eret, rectory, one	•	28f. LOCATION (Stree City or Town, Stat		runai Fiulio Ituliuol,		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowled	ige, death occurre	ed at the time, date	and place, and due	to the cause(a) and m	enner as stated).		
W O	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigatio	n, in my opinion,	death occured at the	time, date and place,	and due to the	cause(a) and menner as stated.		
D BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIER	١.		29c. LICENSE NU	MBER	N 4	SIGNEO (Month, Day, Veer)		
P P	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEAT	'H (ITEM 27) (Type.	Print)				5/20/90		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT		· ·						
	JUN 2 1 1990 June Navidson	- Randall	-						



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BALTIMORE, MARYLAND 21203	death.	funer	ехаш
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46,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		4.		2. DATE OF DEATH	VEA	3. TIME OF DEATH					
ľ	Gladys TYR	AT An	derson		June 16							
	4. SOCIAL SECURITY NUMBER 212 22 2426	5. SEX 8. AGE (In y	73. lest birthdey) IF UND WONTH	ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign prity) RYLAWO					
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DI											
стоя	Maryland Gene	ral Hospita		altimore Ci	ty	100	Row					
DIRECTOR	WARYLAND 106. COUNTY	'	BA42	OR LOCATION		10d. INSIDE CITY LIMITS? 1 PES 2 NO						
FUNERAL	740 PORET (JROUZ S	F	101. ZIP CODE 2/2/	6	10g. CITIZEN O	S A					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Vivorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, specify Cuban, Mexica	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give find of work done during most of working) (file Do MOT use national) 18b. KIND DF BUSINESS/INDUSTRY											
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUR	EMAKER								
OM	17. FATHER'S NAME (First, Middle, Last)	1/50		18. MOTHER'S NA	ME (First, Middle, Malden S	urname)						
BE (ELO WONG		SARI		15						
5	190. INFORMANT'S NAME (Type/Print) NRRAYNOR (1)	LONGUE	7319	SS (Street and Number or Rural J. NORTH A	Poute Number, City or Town, LE BALTA	State, Zip Code)	71716					
	20a. METHOD OF DISPOSITION 1 Description 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cymetery, crematogy or 20c. LOCATION — City or Town, State Comparison Comp											
	21. SIGNATURE OF FUNERAL SERVICE LIC	1000	110									
	· Joseph h	4 Russ		2. NAME AND ADDRESS OF EL LOSEPH L. R 2222 (U) M	IRTH AUD		116					
	atory arrest,	Approximate interval Between Onset and Death										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Arrhythmi										
NO	Sequentially list conditions, b. DUE TO OR AS A CONSCIUENCE OF											
CATI	if eny, leading to immediate cause. Enter UNDERLYING	£										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):			· .						
G		d										
SAL	PART II. Other algorificant condition Status Post		-		Part I. 24a. WAS AN A PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ğ			0/9U, DI	eeding	1 _ YES 2	K ND	OF DEATH?					
Σ	Duodenal_U	lcer.			-		1 TYES 2 ND					
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	eck only one)							
SIC	EXAMINER? 1 Tyes 2 M NO	HOSPITAL: 1	lent 3 DOA 4 D	ER: lursing Home 5 - Residence	6 Other (Specify)	_						
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 😿 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED						
	2 Accident Investigation	28e. PLACE OF INJURY —	At home form street (1 YES 2 NO	28f. LOCATION (Street a	nd Number of Pu	ral Bouta Number					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify,)	actory, office	City or Town, State)	ra rearriber or no	ar rione number,					
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowled	ige, death occurred at th	e time, date and place, and du	to the cause(s) and man	ner as stated.						
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner.												
ш	29b. SIGNATURE AND THISE OF CERTIFIE	R		29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)					
TO B	Re & mo			N/A		▶ 6-1	6-90					
-	30. NAME AND ADDRESS OF PERSON WH											
	Richard Levinz			ryland Gene	ral Hosp	ital						
	SI. DATE PILED (MORRI, 1997)	TO THE REGISTRAR'S SIGNAT	Jan Budall									

-	_	-		
(1	rial-bransit p)	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a normal after death. Page 6 may be retained by the hospital or attending management.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the winter be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HOS	TO THE FUNE be filed within	IMPORTAN	

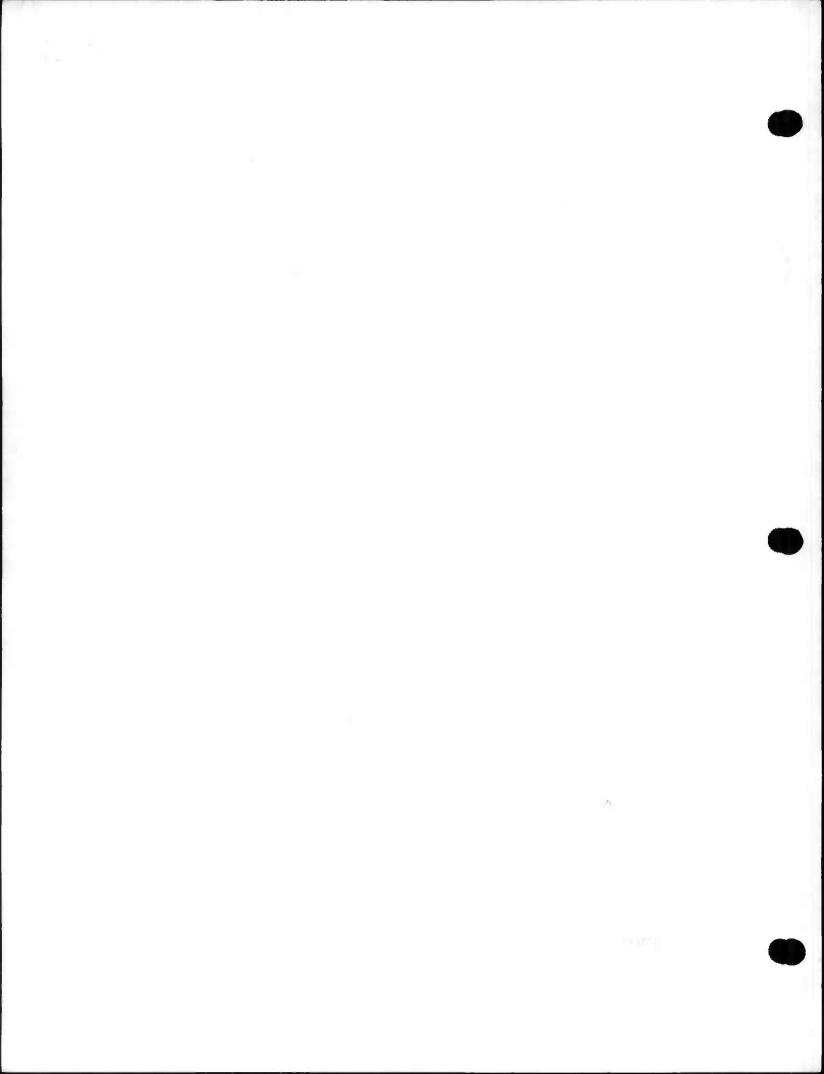
TO BE COMPLETED' BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last) HATTIE	A	Len	1		2. DATE OF DEATH MONTH 6 18 90 YEAR 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 212 09 0135B	1 - M 2 - F 8	6 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Ybar) 9/24/03		8. BIRTHPLACE (State or Foreign Coverty)		
99. FACILITY NAME (# not institution, give s 211 Cherry RESIDENCE OF DECEDENT		9	Balt	CO •	EATH	9c. COUNTY OF	DEATH		
Md .		10c. CITY, T	altimo	ore		10d. INSIDE CITY LIMITS? 1 □XES 2 □ NO			
10e. STREET AND NUMBER	11 Rd		101	ZIP CODE 2122	5	10g. CITIZEN OF WHAT COUNTRY? U , S , A .			
11. MARTYAL STATUS 1 Never Merried 2 Merried 3 SWildowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO					Bia Spe	CE — Americen Indian, ck, White, etc. Slack		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use r	k done during ma	st of working	166. KIND OF BUSI				
17. FATHER'S NAME (First, Middle, Last) Jimmy	Mario	n			ME (First, Middle, Melden S	curry			
19a. INFORMANT'S NAME (Type/Print) Frances L. B	urnett				Route Number, City or Town, erdeen, Mo		01		
20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Auburn 20c. LOCATION — City or Town, State Balto., Md.									
21. SIGNATURE OF FUNERAL SERVICE LIK	Morto	N	James		rton & So		d. 21217		
23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiretory arrest. Approximate Interval Between Onset and Dasth									
that initiated events resulting in death) LAST PART II. Other aignificant condition	d	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN A PERFORE 1 YES 2	MED?	Sb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JAO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ACE OF DEATH (C	8 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED			
2 Accident 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							il Route Number,		
torison oray	ICIAN: To the best of my knowl ER: On the basie of examination						e(e) and manner se stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	at Ak	reno	m	29c, LICENSE NU	2729	29d. DATE SIGNI	120 (90		
30, NAME AND ADDRESS OF PERSON W	far Rb	Mens	MO	2300	Game	in B	us		
31. DATE FILED (Month, Day, Year)	32 SECUTIONS SAID	UPAINE							

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	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CI	DEPAR					MENTA	L HYGIEN! REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH	Υ	EAR 3.	TIME OF DEATH
		RANCIS		APPLE					5	27	90) 5	:25 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 1 M 2 □ F	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH	0.	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution	9a. FACILITY NAME (if not institution, give street end number)			9h CITY	TOWN C	R LOCATIO	ON OF DE		17/51	YLAND		
۳ ا						Cha		J. C. D.				timo	
5	300 Farls Road RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y, TOWN (Dal		
DIRECTOR	Maryland BALTIMORE				ESS		ION						d. INSIDE CITY LIMITS? VES 2 NO
	10e. STREET AND NUMBER					10f	ZIP CODE				10g. CITIZE		T COUNTRY?
ER/	330 STEMMERS RUN ROAD					2	122	2			T	ISA	
BY FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. MERRIES 1 YES 2 4 1 1 YES 2 4 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 3 1 YES 2 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3 1 1 YES 3					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify York of Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES NO Specify:						I. RACE — Black, W	American Indien, Thite, etc.
	15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	(0	ECEDENT'S Silve kind of	work done	during mo		g	161	b. KIND OF BUS	INESS/INDUS	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u					RI	ETATL			
COMPLETED	17. FATHER'S NAME (First, Middle, La	l 2		CLERI	<u> </u>		18. MOTI	HER'S NAI	ME (First.	Middle, Malden	Surname)		
BE C	BERNARD APP	LESTINE					2000			LOWENS			
TO B	190. INFORMANT'S NAME (Type/Print) BERNARD APPLESTINE						nd Number			BALT	n, Stete, Zip C		1221
	20e. METHOD OF DISPOSITION 1 Buriel	OF DISPO	SITION (NA			natory or		BALTIMORE, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							INSC	3 MC	BROS.			
	23 PART I./Enter the disease	s, or complications the	at caused the d	eeth. Do	not enter	the mo	D REI	STER	STO	N RD.	RALT	<u>'O⊸≠M'</u> it,	21215 Approximate
	shock, or heart far iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	illure. List only one ca			head	Ē							Interval Between Onset and Death
z	DUE TO (OR AS A CONSEQUENCE OF):												
CATIO	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	QUENCE C	PF):								
	PART II. Other algnificent cor	nditions contributing to	death but not	resulting	in the u	nderivin	n cause (alven in	Part I.	24e. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
CA						•				PERFOR	RMED?	C	MILABLE PRIOR TO OMPLETION OF CAUSE
AED.										1 123 2			F DEATH? X YES 2 NO
ä													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	one)			
1YS	1 X YES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 DOA 26b, TH			URY AT	esidence		er (Specify)	SCENE		
BY P	1 Natural 5 Pendin 2 Accident Investig	(Month,	Day, Year) NOWN	IN _	JURY	WC	PRK?	NO S	200.0		nknowr		
	3 Suicide 6 Scotter	28e. PLACE	OF INJURY — At h			tory, offic	•		Cit	CATION (Street of or Town, State)			
ET	200 CERTIFIER	She't .		wood:						Earls			e, Ma.
COMPLETED	(Check only	E PHYSICIAN: To the best of XAMINER: On the basis of											nd menner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mont													
5	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAN	JSE OF DEATH (IT	EM 27) (Typ	e, Print)			OCI	ME			5-28-	70
	Margarita A.					Penn	Stre	eet		Bal	timore	e, MI	21201
	31. DATE FILED (Morith, Day, Year)	2 32. REGISTR	AR'S SIGNATURE						UB				



Pages 1, 2, 3 should

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MPORTANT

Frank Peretti, MD

JUN Z 1 1990

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page 5 should notified

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after deat	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	JANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 6-19-90 4:03PM Helene H. Anderson A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 13/1920 DAYS HOURS 215-05-1865 1 🗌 M 2 🔯 F 69 YRS 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH Baltimore City 1645 Covington St. DIRECTOR RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Balto.City,Md. Md. _____ 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1645 Covington St. 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 27 NO FORCES? If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Specify: White 1 YES 2 XNO Specify: BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 9th.Grade Seamstress Misty Harbor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Voight Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs.Sandra C.Clark 1611 Covington St.Balto.Md.21230 20e. METHOD OF OISPOSITION
1 ◯ Surial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stela Cedar Hill 4 Donation 5 Other (Specify) Cemetery A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Stabwounds of abdomen and cutting wounds of wrists resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MARIABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? XX YES 2 □ NO XX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X NES 2 □ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home Residence 6 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Self inflicted M 1 YES 2 100 BY Investigation 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) XXXuicide ED a Could not be determined 1645 Covington Road, Baltimore MD 4 🗌 Homicide **HOme** Щ 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL XXXXIEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 띪 6-20-90 **OCME** 2

111 Penn Street, Baltimore, MD 21201

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

92. REGISTRANESIGATE

DHMH-16 Bey 1/89

VC

18/2 Treed No. 1 2/81

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	GAY VE	3. Ti	ME OF DEATH
Arthur		Berry, J	lr.		6 18	90 YE	AH	м
4. SOCIAL SECURITY NUMBER		'in yrs. last birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLAC	E (State or Foreign
227 20 0003	1 M 2 □ F 6	YRS.			10-8-	28	Ν.	С.
9a. FACILITY NAME (If not institution, give stre	•			LOCATION OF OE	ATH	9c. COUNTY	OF DEATH	
Harford Garde	n Nursing	Home	BALTI	MORE				
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON				INSIDE CITY
MD		Bal	ltimor	е				YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN		COUNTRY?
1634 N. Bond S				21213			USA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	If yes, spe	city Cuban, Maxica	IIC ORIGIN? (Specify n, Puarlo Rican, alc.)		Black, Whi	merican Indian, la, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2XXNO Specify	77		Specify: Blac	k
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION ompointed	16a. DECEDENT'S USU	AL OCCUPATIO	N t of working	16b. KIND OF	BUSINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reb	,	t or working				
7th		Unemplo	yed					
17. FATHER'S NAME (First, Middle, Last)		C			ME (First, Middle, Mai	den Surname)		
Arthur B	erry	Sr.	DESC (Street or	Lill	1 d [] Route Number, City or	Zoura Photo Zin Co		avage
Thelma Joyner					Baltimo			1213
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITIO				LOCATION — City		
1 XBuriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	Baltimore	e Ceme	terv		Baltim	ore	MD
21. SIGNATURE OF FUNERAL SERVICE LICE				D ADDRESS OF FA				
HAMIN C	nd .		Marc	h F/H	1101 E	. Nort	h Av	е.
23. PART I. Enter the disease, or co			entar the mo	da of dylng, suc	h aa cardlac or re	spiratory errest	1,	Approximeta
shock, or heart failure. L	_						j	Interval Batween Onset and Daeth
diseese or condition resulting in death)	tro	Late Con	10/					
Toodking in duttin	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequantially liet conditions,								
if sny, laeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):						
that initiated events resulting in death) LAST								
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
PART II. Othan significent conditions	contributing to death	out not resulting in ti	ne underlyniç	cadee given in	PEF	FORMEO?	AWAI	LABLE PRIOR TO PLETION OF CAUSE
					¹ □ YE	S 2 NO	OF E	DEATH?
					-		'-	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ		28d. DEŞCRIBE H	W INJURY OCCU	RED	
1 Accident 6 Pending Investigation				rES 2 NO				
3 Sulcide 6 Could not be delarmined 28e. PLACE OF INJURY — At home, far building, etc. (Specify)		Y — At home, farm, stree ecify)	treet, factory, office 281. LOC City			OCATION (Street and Number or Rural Route Number, City or Town, State)		
(Crieck only	CIAN: To the best of my knors: On the basis of examination							menner se stated.
296. SIDNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER		29d. DATE S	29d. DATE SIGNED (Month, Day, Year)	
AUVILL NO			D 17042		▶ 19	▶ 19 JUNE 1990		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Prin	nt)					
ARTHUR M. LEBS			S LAN	E BAL	TIMORE	MARYL	AND	21215
31. DATE FILEO (Month, Day, Year)	1 1000 Aug	Tavilan 1	metall.					

the opening that I want

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) CALUIN (1	BUTLER		2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH 12:30 P M
237-32-1942	8. SEX 8. AGE (In yrs. lest birthday) YRS.	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-17-2	3 000	ATTHPLACE (Stelle or Foreign unitry)
9a. FACILITY NAME (If not institution, give LIBERTY ME) RESIDENCE OF DECEDENT	DICAL CENTER	BALT IMGRE	DEATH	BALT	1MORE
100. STATE Hd 10b. COUNT	TY 10c. CT	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
2700 Ekine	ore Ane	101. ZIP CODE 2/2/	6	10g. CITIZEN O	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rican, atc.)	В	ACE — American Indian, leck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		S USUAL OCCUPATION I work done during most of working use retired.)	Balto	NESS/INDUSTRY City	Heaith Dept
17. FATHER'S NAME (First, Middle, Last), Hex But	ler	18. MOTHER'S I	AME (First, Middle, Maiden S	iumame)	
Jessie But 200. METHOD OF DISPOSITION	ter 270	O ADDRESS (Street and Number or Aum 20 Elsinore	Balto	State, Zip Code	2/2/6
Buriel 2 Cremation 3 Rer Donation 5 Other (Specify)	novel from State Other place)	OSITION (Name of cemetery, cremetery of	t Vet Ou	Wings	Hills, Mil
Hola "	March	March 6	o wabas	h Au	re
ahock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	DUE TO (OR AS A CONSEQUENCE	AIWRE		atory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. HEPATIC DUE TO (OR AS A CONSEQUENCE C DUE TO (OR AS A CONSEQUENCE C		XATH/		
PART II. Other significent condition	ons contributing to death but not resulting	n tha undarlying cause given	in Part i. 24a. WAS AN A PERFORM	WED?	1 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	28. PLACE OF DEATH			
27. MANNER OF DEATH 1 Neturel 5 Pending	28e. DATE OF INJURY (Month, Dey, Year) 28b. TI	4 Nursing Home 5 Residence ME OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home farm	, street, factory, office	281. LOCATION (Street ar City or Town, State)	rel Route Number,	
one)	SICIAN: To the best of my knowledge, death occur IER: On the basis of examination end/or investigat				se(e) end manner as stated.
296. SIONATURE AND TITLE OF CERTIFIE	I dank Med. Hosi	OTALPHISHAN D	37203	-	NED (Month, Day, Year) 8-90
TERANCE L.	HO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE AMB LIBERTY	MEDICAL C	ENTER.	BAL	TIMORE, MO
31. DATE FILED (Month, Day N 2 1	1990	orda M.			

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four ceath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached actuals as the mail transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)	Elizabeth		eckenri		2. DATE OF DEATH DA 6 17	1990	AR 3. TIME OF DEATH	
	6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-14-19	21	BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give street	et and number)		b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY		
University Hosp	ital		Balti	more				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
Md		Ba	ltimore				1 🔀 YES 2 🗌 NO	
907 N. Carey S	troot		101.	21217		10g. CITIZEN	OF WHAT COUNTRY?	
	2. WAS DECEDENT EVER IN			ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE American Indian.	
1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 NO HI yes, specify: If yes, specify: If yes, specify: Black, Whita, etc.) 1 YES 2 NO Specify: Black, Whita, etc.) Specify: Black, Whita, etc.)								
15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S US (Give kind of wor life. Do NOT use :	k done during mo:		C & P		none Company	
17. FATHER'S NAME (First, Middle, Lest) Edward Johnson				Mary E.	ME (First, Middle, Maiden			
19a. INFORMANT'S NAME (Type/Print) Joseph Breckenrid	ge, Jr				Baltimore,			
20a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State	PLACE OF DISPOSIT				cation - chy Itimore	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICE	March		22. NAME AN Mar 430	ch F/H Wabas	West Sh Avenue		,	
shock, pr heart failure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	my sur	ocare tory	Mai so	jore	Interval Between Onset and Death	
PART II. Other aignificent conditiona	contributing to death b	/	- H	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMPLED?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
1 PES 2 NO	1 Inpetient 2 ER/Outp	atlant 3 DOA		ne 5 🗆 Residence	6 Other (Specify)	IN IN INCOME.	nen.	
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	29b. TIME INJU	RY WO	VES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	RED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, sti	reet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
CONSCR ONLY	AN: To the beat of my knowl On the basis of examination				time, data and placa, a	nd dua to the c	ause(s) and manner as stated. IGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typh. I	7/7	10	TY	- 0	2- [
31. DATE FILED (Month) Day Year)	32. REGISTRAR'S SIGN	ATURE	2/2	1/			-	

146 physician. burlal-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined in the funeral director, page 5 should be defined in the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	supportant: it is not to marked or item 23 shows any injury or other fraumatic event, the medical examiner must be notified at once

	FOR STATE REGISTRAR	STATE OF MARYLAND / CEI	EPARTMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
,	John	Brooks		- 1	MONTH DAY	year 90	GAM
		SEX 6. AGE (In yrs. lest to	oirthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DAYE OF BIRTH		THPLACE (State or Foreign
	00270100	ØM2□F 89	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	00 00	Md.
RO.	9a. FACILITY NAME (If not institution, give stree HAR DOR CIT	y Hospita	96. CITY, TOWN O	to.	101	9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT						
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	IMORA	7		10d. INSIDE CITY LIMITS? 1 YES 2 NO
٦	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2108 DRUI	d Holl	AVE	21217	7	L	(SA
5		2. WAS DECEDENT EVER IN U.S. ABMI FORCES? 1 YES 2 NO		ENDENT OF HISPANI cify Cuban, Mexican	C ORIGIN? (Specify Year)	or No- 14. RA	CE — American Indian, ack, White, etc.
ВУ	1 Never Merried 2 Merried 3 Www.Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YES			Sp	13/Ack
8	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted) (Give	EDENT'S USUAL OCCUPATION kind of work done during mo	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) T= X	to NOT use retired.)	OKED			
MO	17. FATHER'S NAME (First, Middle, Last)	16-01	TILL VVC	18. MOTHER'S NAM	AE (First, Middle, Majden :	Sumame)	
	Thomas 1	BROOKS		Ely-	A RE	shop	
BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street a	nd Number or Rural R	loute Number, City or Town	, State, Zip Code)	2017
2	WM. BROOKS DE	ISIE Smith &	2108 DR	ud H	ill AVE	BAlt	8. Ma
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	other place of the	F DISPOSITION (Name of cer	netery, crematory or	20c. LOC	CATION - City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NAME AI	D ADDRESS OF FAC	CILITY	717017	1 + r 1+
	· Wm CZ	Frown	WM	C. BRE	WAR COM	AMWN	IF FIG
	23. PART I. Enter the diseases, or cor	inplications that caused the dealer only one cause on each line.				retory arreat,	Approximate intervel Between
	IMMEDIATE CAUSE (Finel	to only one outdoor of outfilling.	1 -	1.			Onset and Death
	disease or condition resulting in deeth) a	DUE TO OR AS A CONSECU	al Ser	of cen	-19		
		D	J				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU	IENCE OF);		, ,		
8	cause. Enter UNDERLYING CAUSE (Disease or injury	Cerebrov	ascular	Accio	tent		
E	that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEQU	IENCE OF):				
1	d.						
	PART II. Other algnificant conditions	contributing to death but not re-		cause given in i	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
5	Couces	the Hear	+ Failo	ve	PERFOR		COMPLETION DF CAUSE DF DEATH?
빌	Perioly	ral Vascul		910			1 TYES 2 THO
Z	, - , , , -						
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ACE OF DEATH (Che	ick only one)		
Š		Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Horn	e 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		PK?	28d. DESCRIBE HOW IT	JURY OCCURED	
B	2 Accident Investigation	28a. PLACE OF INJURY — At hom		ES 2 NO	28f. LOCATION (Street a	and Number or Pur	ni Boute Mumber
COMPLETED	3 Suicide 6 Could not be determined	building, atc. (Specify)	, raini, esteet, teotory, ortic		City or Town, State)	no ngmosi oi non	ar route normon,
부	29a. CERTIFIER 1 (CERTIFYING PHYSICIA	AN: To the best of my knowledge, deat	th occurred at the time, date	and place, and due	to the cause(a) and man	ner se stated.	
N O	onel only	On the basis of exemination and/or in					e(a) and manner as stated.
ПС	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUM	IBER	29d. DATE SIGN	IED (Month, Day, Year)
0	(///anx	u U.	1.	A5.24	44/6/4-	101 61	18/90
٩	30. NAME AND ADDRESS OF PERSON WHO		27) (Type, Print)		1	1 /	7
-	31. DATE FILED (M. 1.10)	O 22 DECEMBER SECRETION O) - (i)				
	3014.2.1 [33]	god of the same of	And The Park				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24Thours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a sind within 72 hours after death with the State Dedt, of Health and Mental Hodiene orior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 67	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tree find within 70 hours after death with the State Dept of Health and Mental Hygiene prior to burial. cremation, or removal.	the
/thin	letely rema	ant,
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Sa. NAME A

100	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					IYGIEN REG. NO	-		
	1 DECEDENT'S NAME (First, Middle, Last)	m.	ANN	M, BECK	-		2. DATE OF MONTH	D/	5 9	AR -	7:30 PM
		5. SEX 8. AGE (III	yrs. lest birthday) YRS.	MONTHS 1	YEAR IF UN DAYS HOUR	DER 24 HRS. S MIN.	7. DATE OF (Month, D)	ыятн Г,19	16	Country)	EW YORK
OB	9a. FACILITY NAME (If not institution, give stre CHURCH HOME HOSP.	et and number)		9b. CITY, 1	BAL:	ATION OF DE			9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND BA	LTO.	10c. CIT	Y, TOWN OR	LOCATION SEMERE			10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒ NO			LIMITS?
FUNERAL	RT. 10, BOX 646		·		10f. ZIP C		1219		10g. CITIZEN	of what JSA	COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	lf.	AS DECENDEN yea, specify C YES 2 X I	uban, Mexica	NIC ORIGIN? (S on, Puerto Rice y:	ipecify Yar n, etc.)	or No- 14.	Black, Wh	American Indian, hita, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)			usual occ work done du se retired.)	iring most of wo	orking	16b. KH		SINESS/INDUST		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH TRIPODA				18. M		ME (First, Midd BRIDGE!				
TO B	196. INFORMANT'S NAME (Type/Print) MRS. SHERRY F. HAM	MEN			(Street and Num		Acute Number, BALTIM		n, State, Zip Coo	21236	5
	20e, METHOO OF OISPOSITION 1	val from Stata	PLACE OF DISPO other place) SHAARE	SITION (Nam	ne of cemetery,	crematory or			CATION — CHY		
	21. SIGNATURE OF UNERAL SERVICE LICE		ي ا	22. N	AME AND ADD		ON & BI		INC.	, MD	21215
	23. PART IVEnfer the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on ea	ich line.								Approximate Interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death) a. Wide Spread Lung Cauce a. Wide Spread Lung Cauce Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
ERTIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C)F):					_		
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions	contributing to death be	ut not resulting	in the und	derlying ceu	se given in		PERFO		AWA COI OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		OTHER		F DEATH (C)	neck only one)				
PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp. 26a. DATE OF INJURY (Month, Day, Year)	26b. TII	-	28c. INJURY A	г	6 Other (S		NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	— At home, farm,	M 1 YES 2 NO				LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	CONSCR OTHY	IAN: To the best of my knowl								nuse(a) an	d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- Attar	, M)	29c.	3	MBER 772	5-	29d. DATE S	GNEO (Mo	150

OHMH-16 Rev 1/89

nedical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. or Health and Merital Hygiene prior to burdal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
I in by the funeral director, page 5 should be detail or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
surs after death. Page 6 may be retained by the h	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	L HYGIENI REG. NO.	E	30	10020
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	. 1		3. TIME OF DEATH
	Gord	don	Wa.	yne	Bi	isho	i a	Jr.	MONT 6	-19-90	Υ	YEAR	6:00AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	_	8. BIRTHE	PLACE (State or Foreign
	220-86-0883	1 🛣 M 2 🗌 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont)	6,19		Country)
		7.7	21							0,19			ryland
_	9e. FACILITY NAME (If not institution, give st						OR LOCATIO				9c. COUN	TY OF DE	ATH
DIRECTOR	1500 block Wash	ington B	Ivd.		Ba	altı	more	Cit	У				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CtT	Y. TOWN O	O LOCAT	ION					Т	10d. INSIDE CITY
E						7					LIMITS?		
	Md] Ba	Balto.City,Md.						XOX YES 2 ☐ NO		
₹ I	10e. STREET AND NUMBER			101					. //5		HAT COUNTRY?		
FUNERAL	1103 S.C	Carey S	t.				21:	223			U	SA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A							N? (Specify Yee Ricen, etc.)	or No-	14. RACE Black.	- American Indien, White, etc.
ВУ	Never Merried 2 Merried 3 Widowed 4 Divorced		WAR OR DATES				2 XNO			1110011, 0101,	- 1	Specify	y:
	3 Willowed 4 Divolced												White
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	CATION completed)	(Give kind of	work done a	CUPATIO	ON ast of working	ng	186	. KIND OF BUS	INESS/INDI	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT u	ise retired.)								
<u>a</u>	8th.Grade -		D	ock	Work	er				Overn	ite	Exp.	ress
ᅙ	17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (First,	Middle, Meiden	Sumeme)		
BE (Do	ouglas	E. K	oh1h	off		Aı	nn	Fra	nces	Par	ks	
	19a. INFORMANT'S NAME (Type/Print)		1							nber, City or Town			
2	Mrs.Ann F.Park	S		110	3 S.	Car	ey :	St.E	3alt	o.Md.	2122	2.3	
	20e. METHOD OF DISPOSITION	numi from State	other	E OF DISPO	,						CATION —		C-Limity
	Buriel 2 Cremation 3 Remaid Donetion 5 Other (Specify)	Oval Holli State	Glen	Have									e,Md.AACo.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	1	22.1	NAME AP	ND ADDRE	SS OF FA	cilitge a	lto.M	d.21	230	
	► / //\\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	N 2	last		1								.Fort Ave
	23. PART I. Enter the diseases, or o	complications the	t causad the	death. Do									Approximate
	shock, or haert fellure.	List only one car	use on each lir	18.									Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Hangin	α										Onset and Death
1	disease or condition Hanging e. Due To (DR AS A CONSEQUENCE DF):												
_	DOE TO LETT HIS IN OUTGOLD METERS BY J.												
CERTIFICATION	Sequentielly list conditions, Due to (or as a consequence of):												
¥	cause. Enter UNDERLYING												
필	CAUSE (Disease or injury that initiated events	DUE TO	(DR AS A CONS	EDUENCE C	DF):								
E	resulting in death) LAST	4											
빙		o											
A	PART II. Other algnificant condition	s contributing to	death but not	reaulting	in the un	derlyin	g cause	given in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
일					_					XXX YES 2			COMPLETION OF CAUSE OF DEATH?
													EXTES 2 NO
2													
M	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF C	DEATH (Ch	neck only o	one)			
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Num		ne 5 🗆 8	esidence	XX on	er (Specify)	Scene	5	
H	27. MANNER OF GEATH	28a. OATE D	FINJURY	28b. TII	ME DF	28c. IN.	JURY AT			SCRIBE HOW I	NJURY OCC	CURED	•
7	1 Natural 5 Pending	6-19	90FOUN	D 5:5	ÖÄM		YES 2	XXo	Sub	ject h	anged	d sel	lf
ВУ	2 Accident Investigation XXI Suicide 8 Could not be	28a. PLACE	OF INJURY — At	home, farm,	atreet, fact	tory, offic	ce		28f. LO	CATION (Street	and Number	or Rural R	loute Number,
TEC	4 Homicide determined	building	Car:	roll	Park				150	0 bloc	k Was	shing	gton Blvd.
ш	carrott tark 1500 brock washington brva.											lad	
	29a. CERTIFIER 1 CERTIFYING PHYS	29a. CERTIFIER (Check only one) Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated.											
MPL					lon, in my o	opinion, d	death occu	red at the	time, det	te and place, an	d due to th) and manner as stated,
COMPLETED	OTTO THEOICAL EXAMINE	R: On the basis of			lon, in my o	opinion, d				te and place, an		ne cause(a)	
		R: On the basis of			lon, In my o	opinion, d	29c. LIC	ENSE MUI		te and place, an		e cause(a	(Month, Day, Year)
BE	296 SIDNATURE AND TITLE OF CERTIFIES	P Con the basic of	examination and/o	or Investigat	1	opinion, d		ENSE MUI		te and place, an		e cause(a	
	OTTO THEOICAL EXAMINE	R: Dn the bade of	examination and/o	or Investigat	A Amo		296. LIC	ENSE MUI	MBER	and place, and place,	29d. DAT	E SIGNED	(Month, Day, Year) 1,9—90

32. REGISTRAR'S SIGNATURE

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	permit.	
Allysiciali.	tor, page 5-should be desched for use as the burial-transit permit	
מונפונחווות ליוני	e as the	
Muda Or	d for us	
THE MOST	depoche	2
illed to remitted by the hospital of alles	Samould be	£
A STATE OF	r, page	J
Lane o	ling physician and completely filled in by the funeral directo	
die De executed Widmi 2 - July alter gealli. Fa	e funera	ul.
IIS dite	in by th	remova
7	y filled	ition, or
MINIM P	ompletel	to burial, cremation,
execute	n and co	to buria
icate ne	physicial	he prior
equires that the beath certific	tending	al Hygier
nan ain	the att	d Menta
es mai	igned b	ealth an
w reduit	peen s	of H
20	e has	e De
SICIAN: THE IAW TH	certificate has been signed by the attending physician an	the Stat

BALTIMORE, MARKEAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may 1 certified by the intensity of the strength of the str

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	5	STATE OF MA		/ DEPARTI				MENT	AL HYGIEN			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DAT	TE OF DEATH	AY Y	VEAD	TIME OF DEATH
	David		Way			ckl			-15-90			:10AM M
4. SOCIAL SECURITY NUMBER 236-21-5125		SEX 6	. AGE (In yrs.		ONTHS DA		IF UNDER 24 HRS.	(Mo	nth, Day, Year)		Country)	CE (State or Foreign
90. FACILITY NAME (If not ins				10000	b CITY TO	WAL OB	LOCATION OF E		ly 18,	1965 9c. COUNT	MD	
Garrett Cou		· · · · · · · · · · · · · · · · · · ·	nspita			kla		EAIN				ounty
RESIDENCE OF DEC	-	OLIGI IK	ърта			uzza				Joann		ouricy
10a. STATE	10b. COUNTY			10c. CITY, 1			N					d. INSIDE CITY LIMITS?
WV	Minera	1		Elk	Gard							YES 2 NO
10e. STREET AND NUMBER							IP CODE			100		T COUNTRY?
Rt l Box					,		6717				U.S.A	
11. MARITAL STATUS 1 Never Merried 2		. WAS DECEDENT FORCES? 1	YES 2	ARMED NO	If ye	ea, speci	fy_Cuben, Maxic	an, Puerl	GIN? (Specify Ye to Rican, atc.)	a or No— 1	4. RACE — Black, W	American Indian, hita, etc.
3 Widowed 4 Divor		IF YES, GIVE WA	OR DATES		1 🗆	YES 2	NO Spec	ify:			Specify: Wh:	ita
15. DECI	EDENT'S EDUCATI	ION	16a.	DECEDENT'S US				1	16b. KIND OF BU	SINESS/INDU		-
(Specify only Elementary/Secondary (0	highest grade com	ollege (1-4 or 5+)		(Give kind of wor life. Do NOT use r	k done durir retired.)	ing most	of working					
12				Traine	e			I	ndustr	ial Po	wer 1	Plant
17. FATHER'S NAME (First, MI							16. MOTHER'S N	AME (Firs	I, Middle, Maider			
James W.	. B	Bucklew					Mary	K	. She	rwood		
190. INFORMANT'S NAME (7)				19b. MAILING AI							lode)	
Mr. and Mrs. J				Rt 1	Box 9	96	Elk Ga	rden	, WV 2	6717		
26. METHOD OF DISPOSITE 1 & Burlel 2 Cremetto	n 3 🗆 Removal	from State	other	CE OF DISPOSIT						OCATION — CI		
4 Donetion 8 Other			Har	tmansvi					EIR	Garde	en, w	V
21. SIGNATURE OF FUNERAL	L SERVICE LICENS	SERE.)				k Fune		Цото			
Alia	og Ka	there	h		85	S.	Main S	tai t K	leyser,	WV 2	6726	
23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	eart fallure. List rel	Multip	e on each I	lne.								Approximate Interval Between Onset and Death
Sequentially list conditions, leeding to immediate, cause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	ING c	1574		SEQUENCE OF):		-						
PART II. Other significe	ent conditions c	contributing to d	eath but no	ot resulting in	the unde	eriying	cause given i	n Part I.	24a. WAS AI PERFO	RMED?	Al Ci	THE AUTOPSY FINDINGS ALLABLE PRIOR TO DIPPLETION OF CAUSE F DEATH? YES 2 \(\sqrt{N} \) NO
25. WAS CASE REFERRED TO	O MEDICAL					26. PLA	CE OF DEATH (Check only	y one)			
EXAMINER?		IOSPITAL:	ER/Outpatient		OTHER:	g Home	5 Reeldenc	6 🗆 n	ther (Specify)			
27. MANNER OF DEATH		28e. DATE OF I	NJURY	28b. TIME	OF 28	Sc. INJUI	RY AT	28d. I	DESCRIBE HOW			
	Pending Investigation	6-15-9	0	12:3		WOR	_	Dr:	iver in	pick-	-up t	ruck/motor
A CANADA	Could not be	28e. PLACE OF	INJURY — At	t home, farm, atr	eet, factory	y, offica		YAR.	OCATION (Street	Will Womoor o	or Rural Rou	te Number,
	determined	building, a	ic. (Specify)	Roa	ad						Churc	h Road,
control of	1.0	N: To the best of n						Gar	retit ce	unty	₄Mary	
29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICENSE N	UMBER		29d. DATE	SIGNED (A	lonth, Day, Year)
OCME ▶ 6-15-90												
30. NAME AND DOUGS OF JAMES KAPL		COMPLETED CAUSE	OF DEATH (enn	Street	,Ba	ltimore	,MD 21	L201	
31. DATE FILED (Month, Day,	Ybar)	32. REGISTRAF	'S SIGNATUR	E 940								
ı J	UN 21 1	bon &	En Jain	draw Jon	delle							

DHMH-18 Rev 1/89

	7
	notified
	t he
	Z mus
,	marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at
seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
0	8
ation	#
I, crem	event
pring (natie
10r to	raun
ne pr	ler 1
Hygie	or oth
Mental	niun.
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lealth	200
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Dep	23
State	Hem
the	5
With	kad
death	E

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MA				F HEALTH AND	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First,		. Bond					2. DATE	OF DEATH D	"13	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 579-07-7327		1 🗆 M 2 🗡 F	AGE (In yrs. ia		IF UNDER 1 YE		(Mont	of BIRTN h, Day, Year) 1, 18		6. BIRTN	IPLACE (State or Foreign y) IV
9a. FACILITY NAME (If not ins Holy Cross RESIDENCE OF DEC	Hospit					er Spring	DEATN		9c. COUN Mont		
10a. STATE MD	10b. COUNTY	gomery			v, town on L Lver Sp						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
8207 Schrid	er Str	eet Apt	4			101. ZIP CODE 20910				S.A.	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divor		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2		If ye	DECENDENT OF HISPA I, apecify Cuban, Maxic YES 2 NO Speci	an, Puarto		or No—	Speci	E — American Indian, k, Whita, etc. fly: ite
15. DECE (Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade (ATION completed) College (1-4 or 5+)	(C	ECEDENT'S Give kind of w e. Do NOT us		PATION g most of working	160	Sel		USTRY	
17. FATNER'S NAME (First, Mic	topher	Columbu		tin		18. MOTNER'S N		Middle, Maiden		e	
19a. INFORMANT'S NAME (7), Pauline Chan	ey		19			er Street					ng, MD 20910
20a METNOD OF DISPOSITION 1 Deviation 1 Communication 1 Commun	Specify)		20b. PLACE other p Kno	of Dispos	Cemet				cation — c artin		
21. SIGNATURE OF FUNERAL	SERVICECIC	ENSEE CALL			Rot	e and address of F ruck Funer South Main	al H		eyser	, WI	26726
23. PART I, Entar the dissect, or he iMMEDIATE CAUSE (Find disease or condition resulting in deeth) Sequentially list condition	ert-failure. i	DUE TO (OI	R AS A CONS	GUENCE OF	rdio) iii)	au.	disc or respi	natory sm		Approximate Interval Between Onset and Death
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injurthat initiated events resulting in death) LAST	NG Y		R AS A CONSE	anni decesar	123						
PART II. Other significes	nt condition	contributing to de	eath but not	resulting i	in the under	lying cause given in	n Part I.	24a. WAS AN PERFOR 1 - YES 2	MED?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHER:	6. PLACE OF DEATH (C					
	Pending nvestigation	28a. DATE OF IN (Month, Day,		28b. TIM	E OF 260	. INJURY AT WORK?	_	SCRIBE HOW I	NJURY OCC	CURED	
	Could not be letarmined	26a. PLACE OF I building, atd	NJURY — At h	ome, farm, a	atreet, factory,	offica		CATION (Street or Town, State)		or Rural	Route Number,
000)						data and place, and du					a) and manner as stated.
29b. SIGNATURE AND TITLE	wh	Vi M	0.			29c. LICENSE NU	UMBER G 9		29d. DATE	3 .	(Month, Day, Year)
30. NAME AND ADDRESS OF	1797	J A VL	OF DEATH (IT)	V-P &	Sp.	rings	10	25	900	3	1
J. BAIL FILES (MONTH ON	21 19	390	DE TOTAL	_Bard	e 189	1					

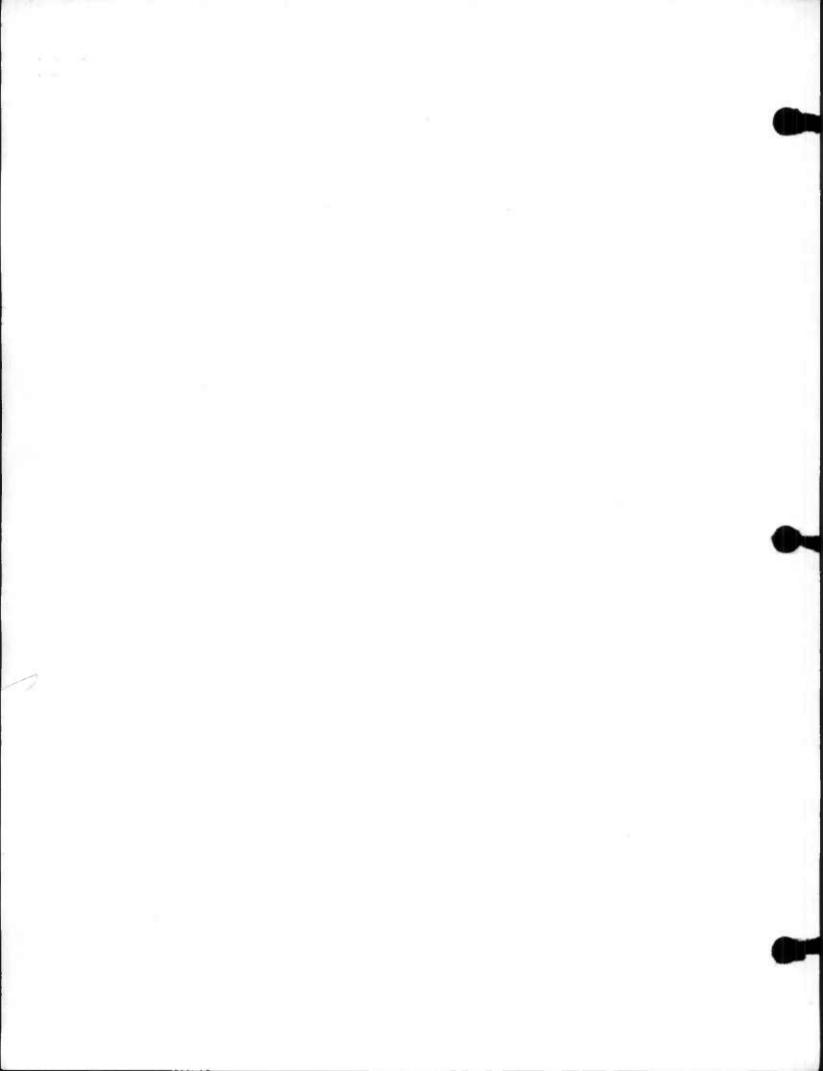
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BALTIMORE, MARYLAND 21203-54

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMI RTIFICA			MENTAL HYGIEN REG. NO		
		SEX 6. AGE (In yrs. Just	YRS. WONT		IF UNDER 24 HRS. HOURS MIN. IR LOCATION OF DE	7. DATE OF BIRTH (Month, Dgy, Year)	7	3. TIME OF OEATH BIRTHPLACE (Stete or Foreign Country) OF DEATH
RAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. STREET AND NUMBER 2013 W. PRATT S	atyland H	10c. CITY, TON	IMOR	ion E, CITY ZIP CODE 21223	WFD	10g. CITIZER	10d. IHSIDE CITY LIMITS? 1 \(\times\) YES 2 \(\times\) HO H OF WHAT COUNTRY? U.S.A
D BY FUNERAL	11. MARITAL STATUS 12. 11. Never Married 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NI IF YES, GIVE WAR OR DATES	0	If yes, sp 1 (YES	ENDENT OF HISPAH polify Cuban, Maxica 2 / NO Specify			Black, White, atc. Specify: BLACK
COMPLETED	15. GECEGENT'S EQUCATIK (Specify only highest grade com Elementary/Secondary (0-12) 111th 17. FATHER'S HAME (First, Middle, Last)	oleted) (Giv ille.	EDENT'S USUA TO KIND OF WORK O DO NOT USE TOTAL BORER	lone during mo red.)	st of working	16b. KIND OF BU		THY
TO BE CC	JOHN GAITHER 190. INFORMANT'S HAME (Type/Print) JOHN GAITHER				DOROT		I AMS	
	20a. METHOD OF DISPOSITIOH 1A. Aburlal 2 Cremetion 3 Removal 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEHS	WES		STAR	netery, crematory or CEMETER	Y CA		y or Town, Stata ILLE, MD.
	23. PART i. Enter the diseases, of com	E-ward	. Do not o					NORTH AVE
		only one ceuse on each line.		Qur.	oual	y al	est	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ecopha	WENCE OF:	10 1	anu	os Viseas	0	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions co	ontributing to death but not n	esulting in th	e underlyin	g cause given in		AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		HER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
ВУ РНУ	27. MAHHER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At ho	28b, TIME OF HJURY	28c. IH. WC	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW		
LETED	3 Suicide 6 Could not be determined 29a. CERTIFIER CERTIFYING PHYSICIAL	building, etc. (Specify)				281. LOCATION (Street City or Town, State)	
E COMPLET	anel any	n the basis of examination and/or i				time, date and place, a	nd due to the	
TO BE	30. HAME AND ADDRESS OF PERSON WHO CO	MPI ETEO CAUSE DE DEATH (ITEI	4 27) (Time Prin	0			16/	17/90



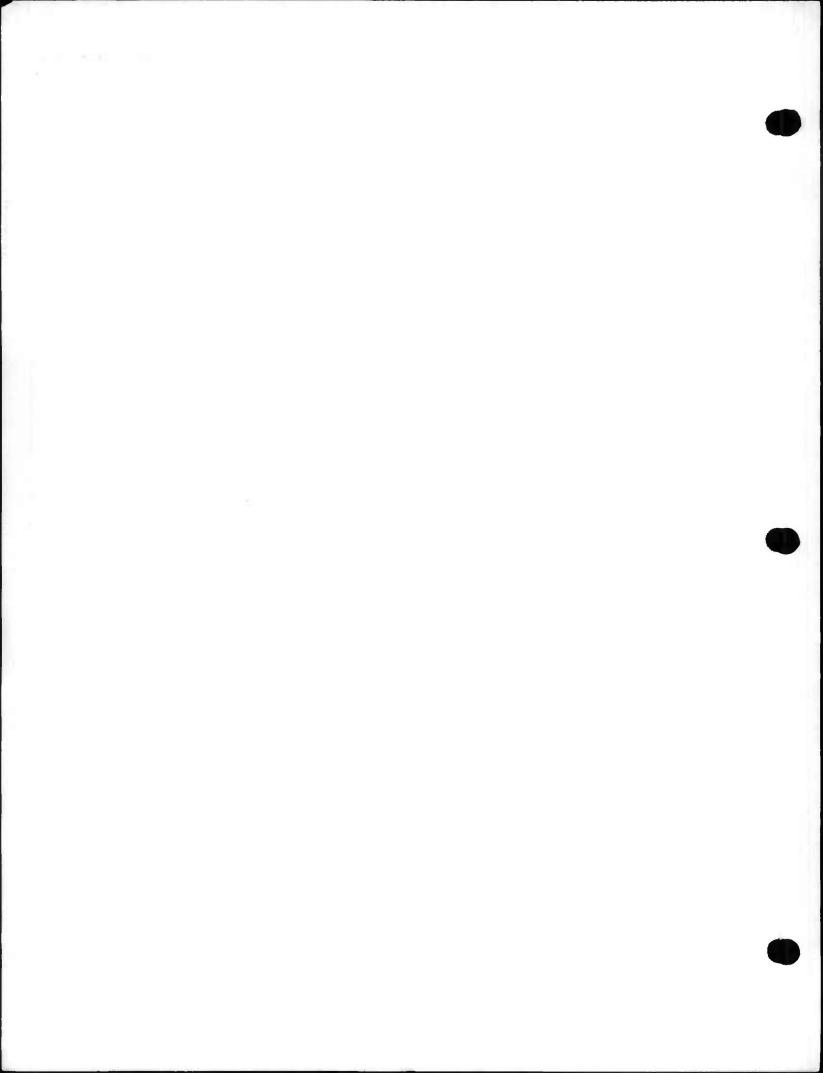
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	SIAIL OF IN	CE				DEATH	MENTAL	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest)								OF DEATH		1223	3. TIME OF DEATH
	WENDELL	W.	. CARTER			MONTH	18	1	950	6:03A M		
	4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 6. AGE. 3. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH					NPLACE (State or Foreign					
	217-38-4606	1)(∭(M 2 ☐ F	48	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	177-4	2	Count	MD MD
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y, TOWN C	R LOCATION OF DE	ATH		9c. COL	INTY OF D	DEATH
H	alley - rear	of 133	N. Luz	ern	e	В	altinor	e				
5	RESIDENCE OF DECEDENT											
RE	10e. STATE 19b. COUNT	Y				OR LOCAT						10d. INSIDE CITY LIMITS?
<u>a</u>	MD										1 X YES 2 NO	
3AL	10e. STREET AND NUMBER	L C C T				101	ZIP CODE	2	- 1	10g. CiT		WHAT COUNTRY?
FUNERAL DIRECTOR		LE ST.			-		2121			L	USA	
3	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 N	MED	13.	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica	n, Puerto F	? (Specify Yea Nican, etc.)	or No—	14. RAC Blac	E — Americen Indien, k, White, etc.
В	3 Widowed 4 X Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2/ XNO Specify	<i>/</i> :			Spec	BLACK
	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL	OCCUPATIO	ON	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
ETI	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	Him	ve kind of Do NOT u	work done se retired.;	during mo	st of working					
P	10th			TY	HIG	HWAY	-DIVIS	ION				
OS	17. FATNER'S NAME (First, Middle, Lest)		•				18. MOTHER'S NA			Sumeme)		
EC	LEE CARTER						MAR	Y HE	NRY			
TO BE COMPLETED	190, INFORMANT'S NAME (Type/Print) MARY CARTER						nd Number or Rural I					01010
F			2	718	Ε.	BII	DLE ST	BA	LIIM	JRE,	MU.	21213
	20s. METHOD OF DISPOSITION 1 🖸 Burlel 2 🗆 Cremation 3 🗆 Rem	oval from State					netery, cremetory or	,				own, State
	4 Donation 5 Other (Specify)		ARBU	TUS			AL PARK		AR	BUI	US,	עויין
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSIE			22	. NAME AI	ND ADDRESS OF FA	CILITY				
	Manery Co	hd			W	M.C	. MARCH	F.F	1. 11	01 E	E. N	ORTH AVE.
	23. PART I. Enter the diseases, or shock, or heart failure.				not ente	er the mo	de of dying, auc	h as card	lisc or reap	iratory s	rrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Finel	List Only One Cas	oo on acon ima	•								Onset and Death
	disease or condition resulting in death)	.NARCOTIC	INTOXI	CATI	ON							
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentielly list conditions, Due to (OR AS A CONSEQUENCE OF)											
ATIO	If any, leading to immediata cause. Enter UNDERLYING								i			
FIC	CAUSE (Disease or Injury											1
RT	that initiated events resulting in death) LAST											
S		d										
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algolificent condition	ns contributing to	deeth but not r	eaulting	In the u	underlyin	g cause given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S								_	1 K YES 2	NO 🗆	- 1	COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
ä												
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF DEATN (Ch	eck only or	ne)			
YSI	1 X YES 2 NO	1 Inpatient 2			4 🗆 N	ursing Hon	ne 5 🗆 Reeldence			sce		
	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TH	ME OF JURY M	W	JURY AT	28d. DES	SCRIBE NOW	INJURY O	CCURED	
BY	2 Accident Investigation	20- 21-405-0	F IN HIPW As be	4			YES 2 NO	000 100	ATION CO.		0	On to Market
	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)						28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	3 Suicide a Could not be	building,	etc. (Specify)					Only				
ETED	4 Homicide determined	building,	etc. (Specify)									
MPLETED	4 Homicide determined 29e. CERTIFIER (Check only (Che	building,	etc. (Specify) my knowledge, de					to the car	use(e) end ma			
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	building, SICIAN: To the best of ER: On the basis of er	etc. (Specify) my knowledge, de					to the car	use(e) end ma			(e) end menner ee stated.
3E COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SECHAL STATE AND TITLE OF CENTRE	building, SICIAN: To the best of ER: On the basis of er	etc. (Specify) my knowledge, de					to the car	use(e) end ma	nd due to	the ceuse	(e) end menner ee stated. (b) (Month, Day, Year)
BE	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNIATURE AND TITLE OF CERTIFIER	building, SICIAN: To the best of ER: On the basic of er	etc. (Specify) my knowledge, de xamination end/or	Investigst	lon, in my		death occured at the	to the car	use(e) end ma	29d. DA	the ceuse	D (Month, Day, Year)
	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SECHAL STATE AND TITLE OF CENTRE	building, SICIAN: To the best of ER: On the basic of er HO COMPLETED CAUS	etc. (Specify) my knowledge, de xamination end/or	Investigst	lon, in my	y opinion, o	leath occured at the 29c, LICENSE NU	to the care time, date	use(e) end me	29d. D/	the ceuse	D (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must by notified at opice. BALTIMORE, MARYLAND 21203-3146 Urs after death. Page 6 may be remarked by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



BALTIMORE, MARYL

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N RAFNITAL	05/21	150	10	1	U	U	J	J

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

	- REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)				2. OATE OF D	EATH	YEAR	3. TIME OF DEATH
	GERALD COHEN (GERAI	LD C. COH	EN)		TUNE" 1	l6, ™1990	TEAN	2:30 P M
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	IRTH Year)	6. BIRTI	HPLACE (State or Foreign
	220-09-3751 xx ^{M 2} □ F 70	YAS.	IIHS DAYS	HOURS MIN.		1/20		ARYLAND
	9a. FACILITY NAME (If not institution, give street and number)	9b.		R LOCATION OF DE	ATH	9c. CO	INTY OF E	DEATH
DIRECTOR	THE JOHNS HOPKINS HOSPITAL		BALT	IMORE		-	Litter	15-
ᇈ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c CITY TO	OWN OR LOCAT	ION				10d, INSIDE CITY
E	MARYLAND BALTO.		BALTIM					LIMITS?
	10s. STREET AND NUMBER		101	ZIP CODE		10a, Cf	TIZEN OF Y	MNAT COUNTRY?
FUNERAL	6627 BONNIE RIDGE DR., APT. 10	12	"			11		
¥	11 MARITAL STATUS 12 WAS DECEDENT EVER IN U	S ARMED	13. WAS DEC	21209 ENDENT OF HISPAI	NIC ORIGIN? (Sc		SA 14. BAC	E — American Indian,
	1 Never Married 2 Married FORCES? 1 YES	2 XIO	If yes, sp	ecify Cuban, Maxica	n, Puerto Rican		Blec	k, White, etc.
B⊀	3 Widowed 4 Divorced		1	AA NO Open	,			MHILE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Ba. DECEDENT'S USL (Give kind of work	IAL OCCUPATION	ON ast of working	16b, KIN	O OF BUSINESS/IN	DUSTRY	
	Elamentary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	tired.)			T.V. RE	מדגם	
AP	12	OWNER				1.V. KE	LAIK	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)		
BE	SAMUEL COHEN					N GOLDBE		
0	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural				
	MRS. DEANE COHEN				., APT			., MD 21209
	1 X Buriel 2 Cremetion 3 Removal from State	ther place)		metery, crematory or		20c. LOCATION -		I I SHARE CHES
	4 Donetion 5 Of Other (Specify)	NEW HAR		ND ADDRESS OF FA	ON ITY	OWINGS	MILL	S, MD
	It states one by overse service degrees			LEVINSO		OS., INC		
	Jepsenly 1 Stilling	u		REISTER				MD 21215
	23 PART i. Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on each	he death. Do not	enter the mo	de of dying, euc	h ee cerdlec	or respiretory	rreet,	Approximete interval Between
	IMMEDIATE CAUSE (Fine)	n inie.						Onset and Death
	disease or condition + Hepatic +ailure 4 days							
	DUE TO YOU AS A CONSTRUCTION OF							
N	Sequentially liet conditions, Non-A, Non-B Hepatitis Chemic 7985.							
CERTIFICATION	If eny, leading to immediate	ONSEQUENCE OF):	*					
2	CAUSE (Disease or injury	ONSEQUENCE OF						
T	that initiated events resulting in death) LAST	511020021102 01 j.						
CEF	d							
	PART II. Other algnificent conditions contributing to death but	not resulting in t	he underlyin	g cause given in	Part i. 24s	. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	Kenal inpufficiting				10	YES 2 NO	1	COMPLETION OF CAUSE OF DEATH?
MEC	00							1 YES 2 10
								N
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (C	heck only one)			
SIC	EXAMINER? 1 YES 2 NO NO 1 Support 2 ER/Outpet		THER:	ne 5 🗆 Reeldence	6 Other (Sp	ecify)		
H	27. MANNER OF BEATH 26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O		JURY AT ORK?	26d. DESCRI	BE HOW INJURY O	CCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO				
	3 Suicide 8 Could not be 28e. PLACE OF INJURY – building, atc. (Specify		et, factory, offi	:0		N (Street and Numi wn, State)	per or Rural	Route Number,
ETE	4 Homtelde detarmined							
COMPLETED	29a. CERTIFIER (Check only LERTIFYING PHYSICIAN: To the best of my knowledge (Check only Lertifying Physician)	dge, death occurred a	nt the time, dat	and place, and du	a to the cause(a) and menner as s	tated.	
OM	one) 2 MEDICAL EXAMINER: On the besis of examination	and/or investigation, i	n my opinion,	death occured at the	e time, date and	place, end due to	the cause	(a) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER	117022-1170-117		29c. LICENSE NU	мвея	29d. D	ATE SIGNE	D (Month, Day, Year)
$\mathbf{\omega}$	Paul sman	mo		Ren	drif	•	6/	16/90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	int)	1		BALTO.	m/21	205
-	PAUL MUELLER, MD. JOHNS HOPKI	NS HOSPIT	AL, 60	O N WOLF	E 01.,	DALIU.	ш/• ∠ I	200
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT							
	JUN 2 1 1990 Juli Buidan Bod	AR.						
	G 1 000							DHMH-16 Rev 1/8

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X	2
O. BC	Partificate
<u>.</u>	death
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	corress on arrestment burdelists. The law requires that the death conflicts he executed within 227
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lead .	- Paris

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		IENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ROSS CARNATHAN	Ross H	.Carnath	an,Sr.	,	JUNE 18, 1		4:09 P M
	4. SOCIAL SECURITY NUMBER 5.	- T	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign
			79 YRS.	MONTHS DAYS	HOURS MIN,	6/6/191	1	Penn.
	9a. FACILITY NAME (If not institution, give street	*		9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BALTIN	IORE		BALTIMO	RE CITY
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
NIC I	Md		P - 1	to.Cit	M-I			LIMITS?
	10e. STREET AND NUMBER		IDal		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	1220 William St				21230		USA	
5		WAS DECEDENT EVE	R IN U.S. ARMED			C ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian, ack, White, atc.
	1 Never Married 2 Married	FORCES? 1 YE			ecify Cuban, Mexican 2 X 20 Specify:		2.0	ecify:
B√	X3 V Widowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com			USUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUSTRY	
الإ		ollega (1-4 or 6+)		,	_			
Σ	8th.Grade -		Bus	/Truck	Driver	Sha Sha Sha Sha Sha Sha Sha Sha Sha Sha	w Bus (Co.
8	17. FATHER'S NAME (First, Middle, Lest)		Carnath	- m			,	1. 2
띪	Harr	. у ———				zabeth oute Number, City or Tow		unk1e
임	Verna C. Trimbl	0				Or.Willo		
	20s. METHOD OF DISPOSITION	_	20b. PLACE OF DISPO				CATION — City or	
	1- Buriel 2 Cremation 3 Removal	from State	Glen Hav			ark Gl	on Burn	nie.Md.AACo
	21. SIGNATURE OF FUNERAL SERVICE LICENS		oren nav		ND ADDRESS OF FAC	Contract Con	o.Md.2	
	· Shane	day	LA SI	. Warden				
	23. PART I. Enter the dieeeses, or com	polications that cau	sed the deeth. Do					E.Fort Ave.
	ahock, or heart fellure. List	only one cause or	n aach lina.		out of aying, auto		natory arroot,	Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition							
	resulting in death) a							
] ہ	- Mechiniting I sufficient Indus.							
Ö	Sequentielly list conditions, If any, leeding to immediate b. DUE-TO (OB/AS A CONSEQUENCE OF):							
SAI	cause. Enter UNDERLYING School 3							
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	reaulting in deeth) LAST	Men	11/1	190	1041			60 dys.
	PART ii. Other aignificant conditions c	ontributing to deet	h but not resulting	in the underlyfi	ig ceuse,given in			24b. WERE AUTOPSY FINDINGS
CAL	Bost - opentie	form	Corerna	Actory	150008	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	with thenho	-la 6		Peler	7	1 Q YES	Lat No	OF DEATH? 1 YES 2 NO
Σ.	Honny	/	111 1	1		— I		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Che	eck only one)		
Sic	EXAMINER?	OSPITALI	Dutpatient 3 DOA	OTHER:	ma 5 - Realdence	6 Other (Specify)		
Η	27. MANNER OF DEATH	26e. DATE OF INJUI		AE OF 26c. IN	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCURED)
ВУ Р	1 Natural 5 Pending Investigation	(WORLE, Day, 18th	.,		YES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (URY — A1 home, farm,	street, factory, off	ce	26f. LOCATION (Street City or Town, State		ral Route Number,
	4 Homicide determined		-			ony or rown, orang	,	
7	29a. CERTIFIER CERTIFYING PHYSICIAL	N: To the best of my le	nowledge, death occur	red at the time, da	a and place, and dua	to the cause(a) and ma	inner as stated.	
COMPLETED	ann)	On the basis of examin	ation and/or investigati	on, in my opinion,	death occured at the	time, date and place, a	nd dua to the cau	se(a) and etimoer as stated.
	296 SIGNATURE AND TULE OF OURTHER	//-	1		29s. LICENSE NUN	MER	29d, DATE SIGN	180 (Moren, Day Feat)
BE (1/11/18 /100	65/11	1/5		1	1/	15/1	18/80
24	ME MAME AND ADDRESS OF PERSON WHO O	OMBI ETERNÍANIES OF	DESCRIPTION OF THE	e Print	-	//	//	// /
-	The state of the s	OMPLETED CAUSE OF	Service Street Services		/	////		/ / /
F	Mm E.	22. REGISTRAND	4	10	his 1	100 K	18/	bush /

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use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be manified. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 miles filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be not

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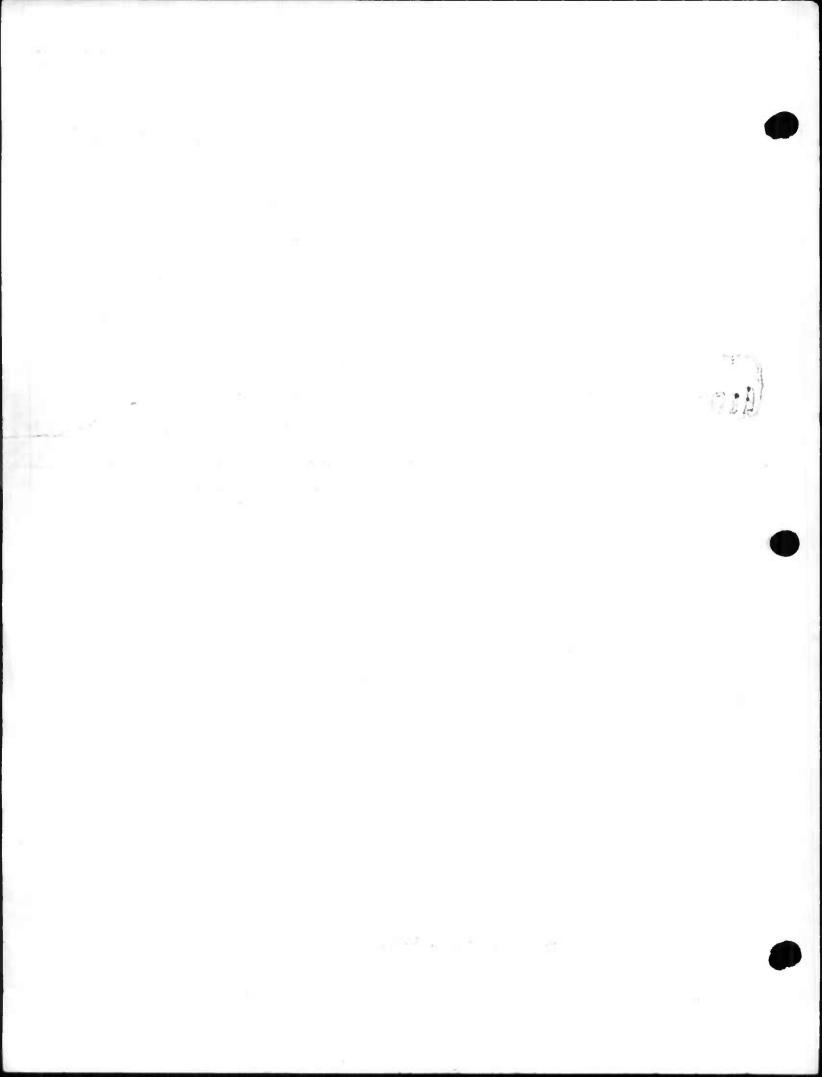
Melinda

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	1 - STATE OF MARYLAI REGISTRAR	ND / DEPARTN CERTIFIC				HENE . NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ANNA G, Cuff				2. DATE OF DEA	160	10	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 0 86-10-138/ 1 □ M 2 MF 9e. FACILITY NAME (If not institution, give street and number)	5 YRS. MO		HOURS MIN.	7. DATE OF BIRTY (Month, Day, Y	895	Country) ASSA	
TOR	Shady Grove adventist to	- 1 ()	Rockvi				tgon	4
DIRECTOR	Maryland Montgomery		own or Location	berg			1	d. INSIDE CITY LIMITS? YES 2 X 140
FUNERAL	9708 Nordstrom Court		2	0879		U.S	5.A.	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spec	NDENT OF HISPAN lify Cuben, Mexical NO Specify	n, Puerto Rican, el	ify Yea or No—	14. RACE — Black, W Specify: Whit	American Indian, Thite, atc.
VETED !	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		done during most stired.)	of working		DE BUSINESS/INDU		
ESCOMPL	12 17. FATHER'S NAME (First, Middle, Lest) Thomas Cloonan	Stenogr		16. MOTHER'S NA	ME (First, Middle, A	mportes	-	
TO B	19a. INFORMANT'S NAME (Type/Print) Thomas F. Cuff		72517.0007.000	d Number or Rural F	Route Number, City	or Town, State, Zip o ithersl		20879 Md
	A Donation 5 Other (Specify)	PLACE OF DISPOSITI other place) ng Isla	nd Nat	ional	Cem. L	ong Isl		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Ives-		n Fune	ral Hom		22201
	23. PART I. Enter the diseases, or complications that ceused shock, or heart feilure. List only one cause on each immediate CAUSE (Final disease or condition							Approximete interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF: ALL A PV CONSEQUENCE OF: CONSEQUENCE OF:	in fa	rction	٦			
: MEDICAL C	PART II. Other significant conditions contributing to death bu	t not resulting in	the underlying	cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 100	AA CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	itient 3 DOA 4	THER:	6 Residence	6 Other (Speci			
B⊀	1 Natural 6 Pending (Month, Day, Year) 2 Accident Investigation 2 Se. PLACE OF INJURY	al 6 Pending (Month, Day, Year) INJURY WORK? ant Investigation						te Number
COMPLETED	4 Homicide determined building, atc. (Specification of the base of my knowledge)	(y)		and place, and due	City or Town	, State)		
_	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination				time, data and pi	ace, and due to the	e cause(a) a	nd manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	mp		md - 3	3/29	> 6	16	90

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage Amer by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of action and be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, in them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner wost be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	`	,			2. DATE OF			3. TIN	E OF DEATN
	1. DECEOENT'S NAME (First, Middle, Lest) ROBERT 4. SOCIAL SECURITY NUMBER	F. DUND	Robert	F. DUr	n Sr.	MONTH O	-	90		220 Pm
	4. SOCIAL SECURITY NUMBER 217 03 3473	5. SEX 6. AGE (In yrs. just birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	y Year)	Co	ountry)	(State or Foreign
	9a. FACILITY NAME (If not inetitution, give s		9 3	BL CITY TOWN O	R LOCATION OF DE	ATH 3	117/1	9c. COUNTY O	d FETH	
<u>بر</u>	FRANCISSLOTT	•			rLTO m				_	
5	RESIDENCE OF DECEDENT									
DIRECTOR	Md . 10b. COUNTY		7	1 + i mor	e City				L	NSIOE CITY IMITS? YES 2 NO
	10e. STREET AND NUMBER		Da		ZIP CODE			10g. CITIZEN (21	
FUNERAL	911 Spangler	Way			21205	5		U.S.	Δ	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED		ENDENT OF NISPAN	IIC ORIGIN? (S				erican Indian, i, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR DA	ATES		2 NO Specify		.,,	5	nite	
<u> </u>	15. DECEDENT'S EDU	CATION	16s. DECEDENT'S U			16b. KIP	ID OF BUSI	NESS/INOUSTR		
Ē	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo- retired.)	st of worlding					2
COMPLET	High School		Auto W	orker				Hale	thor	pe
္မင္မ	17. FATNER'S NAME (First, Middle, Last) RObert Francis	c Dunn			16. MOTHER'S NA		le, Maiden S	umame)		
BE	19a. INFORMANT'S NAME (Type/Print)	5 Dullii	19b. MAILING A		Mae Bec		City or Town.	State. Zio Code	1)	
TO	CLara V. DUnn				r Way, B					
3	20a. METHOD OF DISPOSITION 1 Derivation 3 Rem	20b	o. PLACE OF DISPOSIT	TION (Name of cen	netery, crematory or		20c. LOC	ATION — City o	or Town, Sta	ite
Trace!	4 Donation 5 Other (Specify)		Crest La	wn Mem	. Cemte	erary	BA	lto.,	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LI	E/			ey-Asht		Jnera	al Ho	me.	INc.
	Wille	00		9	-				-	MD2122
	23. PART I. Enter the diaeasea, or shock, or heart failure.	complicationa that caused List only one cause on e		t enter the mo	de of dylng, sucl	h as cardiac	or reapin	ntory arrest,		Approximata Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	Mal- 1	1							Onset and Daath
	disease or condition resulting in death) a. Metastatic lung CA Due to (or as a consequence of):							8 20		
	DUE 10 (ON AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)							
<u>Ş</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	CONSEQUENCE OF)							
	that initiated events resulting in death) LAST		CONSEQUENCE OF J.	,					İ	
	DADT II Other significant condition	o.		Abo modo dado.	- sausa ahua la	Book L. Co.				
CAL	PART II. Other significant condition	ia contributing to death b	out not resulting in	tha undarrying	cause given in		e. WAS AN A PERFORM	NED?	AVAIL	AUTOPSY FINOINGS ABLE PRIOR TO LETION OF CAUSE
MEDI						— I¹	YES 2	NO	OF DE	
										TES Z NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
SIC	1 YES 2 NO	HOSPITAL: 1 1 inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 — Nursing Hom	e 5 🗆 Raeldenca	6 Other (S	pecify)			
H	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCR	IBE HOW IN	JURY OCCURE	D	
B	2 Accident Investigation	28e. PLACE OF INJURY	/ At home form et		rES 2 NO	204 LOCATIO	ON /Phone or	nd Number or Ri	umi Doude A	embar.
	3 Suicide a Could not be 4 Homicide determined	building, etc. (Spe	clfy)	reet, factory, offic			own, State)	io Number or N	WEST FOUND IN	umber,
	29a. CERTIFIER CERTIFYING PHYS	IICIAN: To the best of my know	dedon, death occurred	I at the time date	and place, and due	to the cause	e) and many	tor an etetad		
COMPLET	(orioon only	ER: On the basis of examination							use(a) and I	nenner as stated.
S S	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	T	29d. DATE SIG	NEO (Monti	n, Day, Year)
00	D) turger	n MD			D371	104		D 6/	2019	D
욘	30. NAME AND ADDRESS OF PERSON WE	0 0 0		-						
	DStrylon		1-51	BALT	S MD					
	31. DATE FILE WAY 2. 1 1990	FERENIS BUT LEIS	Markon							

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by the funeral director, page 5 steed by carremoval. 24 hours after death. Page 6 may be reterm by notified at pe must examiner medical filled in by 6 and completely fille bunial, cremation, the traumatic event, executed has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to other 6 shows any injury, 23 State certificate 0 the marked, with this After death 28 is DIRECTOR: A TO THE HOSPITAL DR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT; If Item 2

, m. D.

31. DATE FILED (Month, Jally) 2 1 1990 REGISTRAP'S SIGNATURE

HM Tabakan

90 16837 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 2130 90 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) G A 1 🗌 M 2 💢 F 6322A 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balto DIRECTOR SH. Agnes 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 10a STATE Catonsville MO 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE Frederick 21228 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerio Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced TO BE COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname). Holmes AMANDA Thomas 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Enberend Columbia Horne Tames 21045 20c. LOCATION - City or To 20e, METHOD OF DISPOSITION

1 Burlal 2 Cremetion 3 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or ation 3 - Removal from State Sharon Hill CEH. 22. NAME AND ADDRESS OF FACILITY
HARCH FIH. WEST 21. SIGNATURE OF FURERAL SERVICE LICENSEE Ave 4300 Wabash 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not antar the mods of dying, such as cardiac or respiratory arrest, Approximats shock, or heert failure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition Septies

DUE TO (OR AS A CONSEQUENCE OF): Possible Chosepsis resulting in death) Deligheration Severe CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING reamonia CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST ASCUD 740 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE Osteoarthoutes 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☑ Inpatient 2 □ ER/Outpetient 3 □ DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗆 No 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Hm Tabakian, mis. 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) - AGNES ITOSPITAL, 900 CATON, AVE, BACTO, MD 21239 81

Bondall

IMPORTANT: If Item 28

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ent is hed for use as the burial-transit permit. Pages 1, 2, 3 sho		Vonce.	
After this certificate has been signed by the attending physician and completely filled in by the funeral mector, pages around	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be netitied.	

FUNERAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 0 7. DATE OF BIRTH (Month, Day, Year) (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. RIARYKAND 6 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RT TIMURLE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? BALTI (ARYLAM 1 FAES 2 NO MORL 10e, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101. ZIP CODE S 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 O Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamantary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19b, MAILING ADDRESS (Street and Number 19a. INFORMANT'S NAME (Type/Print) 20a. METHOD OF DISPOSITION
1 Souriel 2 Cremetion 3 C
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State mation 3 - Ran 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LI RUSS 00 2222 MURT 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or haert fellure. List only ons ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Homa 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN. To the best of physician, death occurred at the time, data end place, and due to the cause(a) and manner as stated. (Check only one) Investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNEO (Month, Day, 296. SIGNAPURE AND TITLE OF CERTIF 29c. LICENSE NUMBER BE 2 ESS OF PERSON WHO COMPLETED CAUSE OF

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

3. TIME OF DEATH

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DIVISION OF VITAL RECORDS, F.O. DOA 13149,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rou
NOIS!	ATTENDING
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ב	OSPITAL (

2. DATE OF DEATH 6-19-90 Cynthia Dempsey 12:43PM 7. DATE OF BIRTH A SOCIAL SECURITY NUMBER 8. BIRTNPLACE (State or Foreign PFP111/2 . PA 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 1 🗌 M 2 🅇 F 34 320-52-9562 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 900 N. Cathedral Street Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY
X LIMITS?
1 YES 2 NO 10h. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City MD FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 900 N. Cathedral Street 21201 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS
1 Never Merried 2 Merried 14. RACE — American Indian, Black, White, White 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 24 If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Book Broker Elementary/Secondary (0-12) College (1-4 or 5+) Stephen Loewentheil Book Co. Once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) Joan C. Kewitz Edward N. Dempsey Ħ BE n by the funeral director, page 5 should removal. notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward N. Dempsey Spain PA 507 Arrowhead pe 20 METNOD OF DISPOSITION
1 Burlel 2 Cremation 3 (
4 Donation 9 Other (Specify) 20b. PLACE OF DISPOSITION (Name of co 20c. LOCATION - City or Town, State must Removal from State Crematory Reading PA. examiner 22. NAME AND ADDRESS OF FACILITY Charlton Funeral Home 2007 Eastern Ave. 21231 Baltimore, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, filled in by to on, or remor Approximete ahock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final npletely filler cremation, t the disesse or condition . Contact gunshot wound to head resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): n and com to burial, c traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): inding physician a Hygiene prior to If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 The attended Mental H shows any Injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL Health and COMPLETION OF CAUSE TYES 2 NO OF DEATH? YES 2 NO Deen of HEAD ONLY PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) ltem. certificate t HOSPITAL: OTHER YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home To Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED with L marked, 1 Netural 5 Pending Investigation 1 YES XX NO Self inflicted BY After t death 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number,
900° N. Cathedral Street, Balto. 99 XXXulcide 8 Could not be DIRECTOR: / hours after d COMPLETED 4 Homicide Malyland to the chuse(s) and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. IMPORTANT: 29% SIGN TURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 불 **OCME** 6-20-90 23 2 SS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Peretti, MD 111 Penn Street, Baltimore, MD 21201 32. REGISTRAR'S SIGNATURE March !

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted.	Clean	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146

	REGISTRAR			ERIIF	ICALE	OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) BERTHA GROS					2. DATE MONTH			TUNE 14, 1990 10:57 P. M			
		5. SEX 6. AGE (in yrs. les			IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN			7. DATE OF BIRTH (Month, Day, Year) JUNE 21, 1912			6. BIRTHI Country	PLACE (State or Foreign MARYLAND
œ	9a. FACILITY NAME (If not institution, give stre				9b. CITY, 1		R LOCATION OF DE	ATH		9c. COUN	ITY OF DE	EATH
CTO	6930 MARSUE DR., A	APT. 1-Z										and whole out
DIRECTOR	MARYLAND 106. COUNTY			10c. C11	y, town or BAI	LTI	IORE					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 6930 MARSUE DR.,	מ_ח שמא				101	21215				EEN OF W	HAT COUNTRY?
BY FUNERAL		12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 5	ARMED NO	H	yes, sp	ENDENT OF HISPAN Icify Cuban, Mexica 2 XNO Specify	n, Puarto Ricar	pecify Year , etc.)		14. RACE	— American Indian, , white, etc. ty: WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of			DECEDENT'S				16b. KIN	O OF BUSI	INESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ife. Do NOT u	se retired.) ISEWTI				ΑT	HOM	E	
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)			пО	PEMTI	. 6	16. MOTHER'S NA	ME (First, Middle	Maiden S	Surname)		
BE C	ISADORE HIGHTOWI	rz										
2	19a. INFORMANT'S NAME (Type/Print) MRS. LILLIAN SO	BOL					N RD. #		,			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	ral from State	other	e of dispo place) TH TF:		e of cer	netery, cremetory or			TIMO		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE L	,				O ADDRESS OF FA SOL LEVII REISTERS	SON &				MD 21215
CERTIFICATION	Interval Batween Onset and Daeth IMMEDIATE CAUSE (Final disease or constition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Interval Batween Onset and Daeth Onset and Daeth											
E G	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								WERE AUTOPSY FINDINGS			
MEDICAL									PERFORMED? 1			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
YSIC	EXAMINER? 1 YES 2 NO											
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED WORK?											
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE	296 SIGNATURE AND TITLE OF CERTIFIER	-MD					D242	MBER 66		29d. DAT	6//	(Month, Day, Year)
F	David Mishkin, Mid. 4000 Old Court Rd. Bald. Min 21208											
	JUN 2 1 1990	32, REGISTRAR										

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ricours after death. Page 6 may be retained by the hospital or	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (Month, Day, Year)

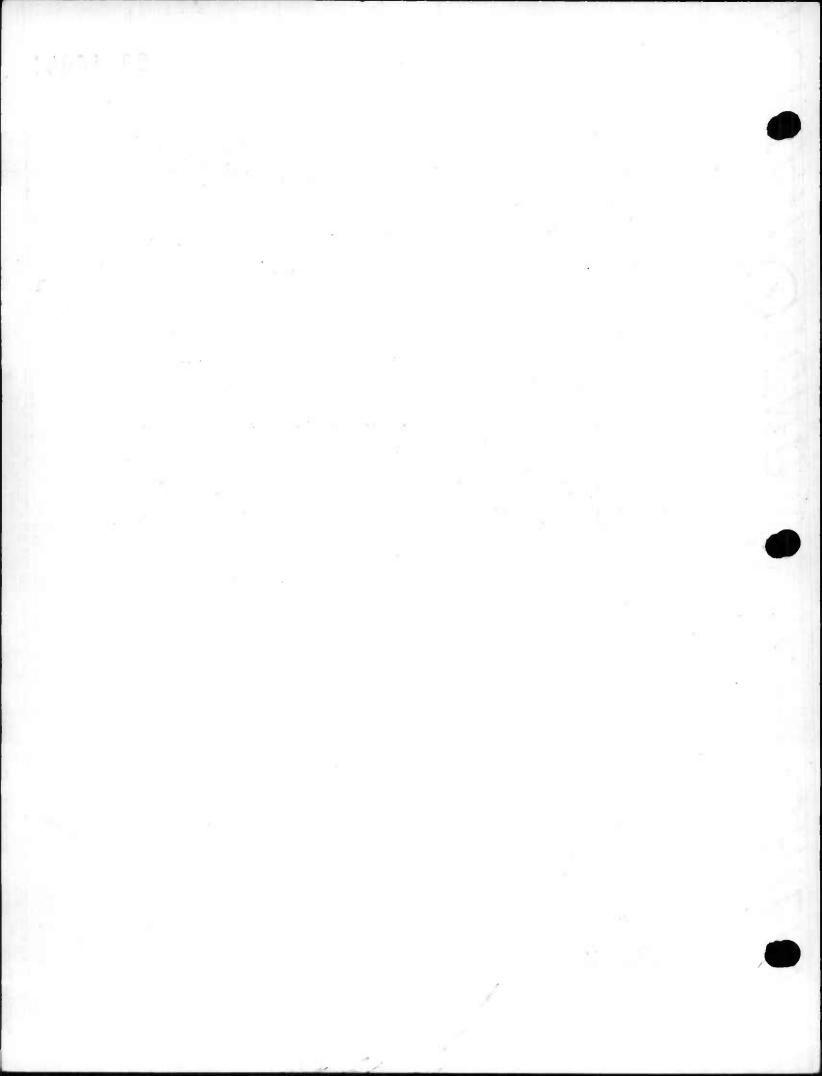
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT					YGIENE REG. NO.			1004
200.00	1. DECEDENT'S NAME (First, Middle, Last) DR. Isaac Goodman								2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH			TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 110-05-3910	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6/13/13			Country)	ACE (State or Foreign W YORK
OR	9a. FACILITY NAME (W not institution, give st UNION MEMORIAL H						MORE	TON OF OR			9c. COUNT	Y OF DEAT	îN
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND BA	LTIMORE			Y, TOWN O							-	od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 9242 COUNTESS DR.					101	. ZIP COL	2111	L7			USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 AN AR OR DATES	MEO		If yes, sp	ecity Cub		NIC ORIGIN? (I in, Puerto Rice y:		or No 1	4. RACE	- American Indian, White, atc. WHITE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 or 5 or 5 or 5 or 5 or 5 or 5 or	(Gi	ve kind of Do NOT u	USUAL O work done se retired.)	during mo		ing	16b. Ki		ROPRA		
BE CON	17. FATNER'B NAME (First, Middle, Last) MORRIS GOODMAN						16. MO		ME (First, Mide				
TO B	196. INFORMANT'S NAME (Type/Print) MRS. MARY GOODMAN		198	9242	ACORES:	S (Street a	SS DI	er or Flurel I	Route Number, OWINGS	City or Town	State, Zip C	ode)) 2.	1117
	20a. METHOD OF DISPOSITION 1 All Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATULE OF FUNERAL SERVICE LICE	ENSEE	uin	R SIN	JAT 22.	NAME 60:	LO R	Vinso Eiste	ONT B	ROS., N RD.	BAL	MILL:	S, MD
	22. NATT 1 Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final desease or condition resulting in death)	n. OUE TO	OR AS A CONSE	SC QUENCE O	180.)					ratory arre	st,	Approximate Interval Between Organ and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Chronic lymphatic leukemia DUE TO (OR AS A CONSEQUENCE OF): 5 dys d.												
ED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING TO COMPLETION OF CAU OF GEATH? 1 YES 2 NO									MAILABLE PRIOR TO OMPLETION OF CAUSE OF CEATH?			
	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO												
	27. MANNER OF OEATH 1 Netural 5 Pending (Month, Day, Year) 28s. DATE OF INJURY (Month, Day, Year) 28s. DATE OF INJURY (Month, Day, Year) 1 Yes 2 No							□ NO	28d. GESCRIBE NOW INJURY OCCURED				
	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. DCATION (Street and Number or Rural Route Number, City or Town, State)							te Number,					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ous HD						CENSE NU	MBER		29d. DATE	TICE!	form, Day, Year)

N/A

2018. UNIVERSITY BALTIMORE

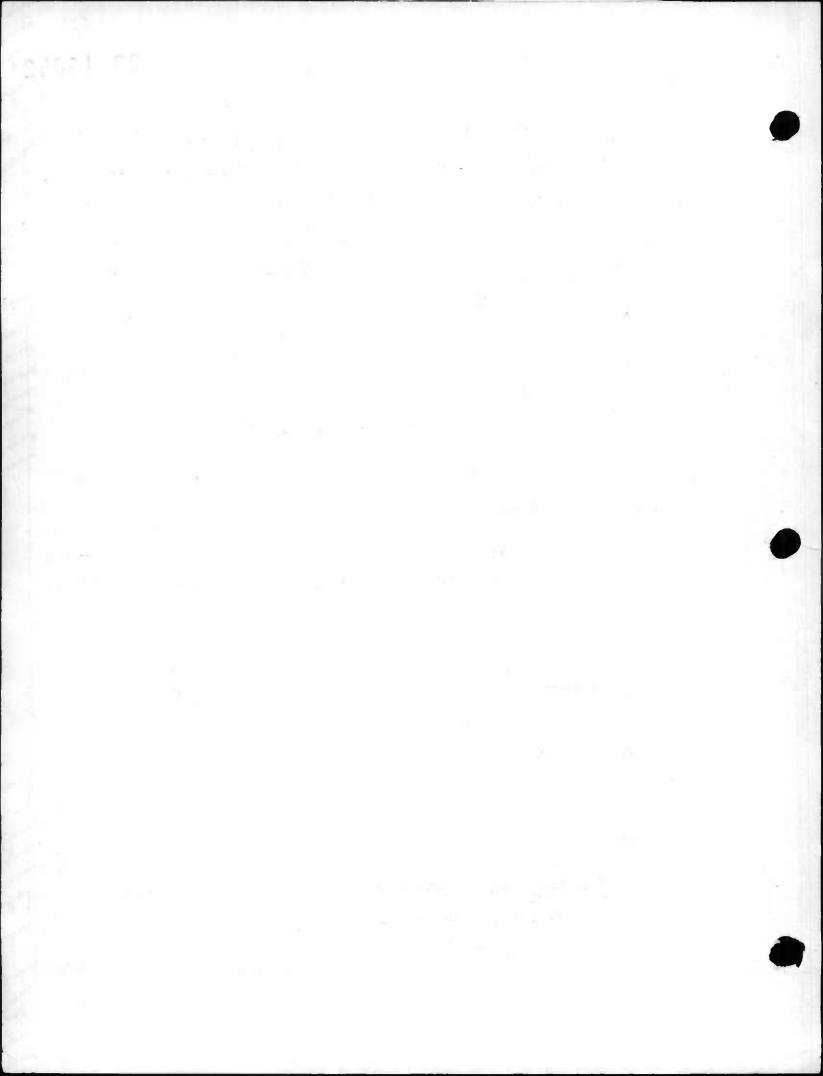
WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Typo, Print)
UNION HEMORIAL HOSPINAL

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146		(
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🚈 yours after death. Page 6 may be retained by the hospital or attending physician.		r
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	,	1
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		-

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIEN	E					
	1. OECEDENT'S NAME (First, Middle, Last)	rston		2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX		IF UNDER 1 YEAR	as. 7. DATE OF BIRTH	7 90 a BIRTHPI	G 1 0 5 AM				
	216288427 1241201	58 YRS. M	ONTHS DAYS HOURS MI	N. (Month, Def. Year),	32 Country)	Md				
OR	Se. FACILITY NAME (If not inatilution, give atreet and number) Lach Raven VA		Baltas		9c. COUNTY OF OEA	ATH				
ECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c, CITY.	TOWN OR LOCATION			IOA. INSIDE CITY				
DIRECTOR	MY		Baltimore		1	LIMITS? YES 2 NO				
FUNERAL	2559 FAIRVIEW	AVE	10f. ZIP CODE	216	10g. CITIZEN OF WH	AT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 12. WAS DECEDE FORCES? IF WES GIVE	NT, EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, specify Cuban, Me	SPANIC ORIGIN? (Specify Yearstean, Puerto Rican, atc.)	or No- 14. RACE - Black, Specify:	- American Indian, White, etc.				
D BY	3 Wildowed 4 Olvorced 15. DECEDENT'S EDUCATION	18e. DECEDENT'S U	1		SINESS/INDUSTRY	Black				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of wo	rk done during most of working	16B. RIND OF BUS	MNESS/INDUSTRY					
MPL	12th	SELF-EN	1PLOYED							
BE CO	17. FATHER'S NAME (First, Middle, Last) ODELL HAIRST		16. MOTHER:	S NAME (First, Middle, Malden E TILLER	Surname)					
TO B	190. INFORMANT'S NAME (Type/Print) ANITA HAIRSTON HALL		DDRESS (Street and Number or R			D				
	29a. METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSIT	TION (Name of cemetery, crematory	or 20c. LO	CATION — City or Tow					
	4 Donation 5 Other (Specify)	GARRISON	FOREST CEMI		INGS MIL	LS, MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS O							
	VANIS COAS			CH F.H. 11		The second second				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart fellure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SOR AS A CONSEQUENCE OF	ni G			Onset and Death				
	OUE T	O (OR AS A CONSEQUENCE OF):	1 1 2	Δ1						
NO	Sequentielly list conditions, Ou E TO (OR AS A CONSEQUENCE OF):									
CAT	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	that Initiated events resulting in death) LAST									
	d									
CAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO?									
PHYSICIAN: MEDIC	V-400 (4-3)	1 🗆 YES 2	NO	OF DEATH?						
N.	1 YES 2 NO									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? A CASE REFERRED TO MEDICAL BY AND THE PROPERTY OF DEATH (Check only one) CONTRACTOR OF DEATH (Check only one)									
IYS	1 U YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Mome 5 Residence 8 Other (Specify)									
BY PI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 YES 2 NO									
COMPLETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
PLE	29a. CERTIFFIER (Check only) CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
OM	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER HUMAN	Mroug	29c, LICENSE	NUMBER	29d. DATE SIGNEO (
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Divid Riseberg & MD 2R VA Hosp									
	31. DATE FILEO (Month, Day, Year) 32. REGISTI	AR'S SIGNATURE	7/03/							
	31. DATE FILEO (Month, Day, 16ar) 32. REGISTRAR'S SIGNATURE JUN 2.1 1990 Julia Javidson-Rendelle									



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- mours after death. Page 6 mm be retained to consider the considerate has been signed by the attending physician and completely filled in by the funeral director page 5 mm/s, and the constitution of th

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AN) MENTA	L HYGIEN	E	30 1684;
1 - STATE REGISTRAR		CERTIFICA				REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	4				2. DATE MONT	OF DEATH		S. TIME OF DEATH PM
THEODORE	M. HERRING				6	/	J	70 12.45 M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	AACAN .	NDER 1 YEAR	HOURS MIN	(Mont	OF BIRTH h, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
249-18-0813		YRS.				11-16		Sice
9a. FACILITY NAME (If not institution, give str	1 0 1 0	96.	CITY, TOWN O	R LOCATION OF	DEATH		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	Hospital		Bal	10.				
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
MD		Ba	Ho.					1 YES 2 NO
10e. STREET AND NUMBER	11 -1		101.	ZIP CODE			10g. CITIZEI	OF WHAT COUNTRY?
2868 W. 11h	Wherry St.			2126	10			6
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			ENDENT OF HIS Icify Quban, Me			or No- 14	RACE — American Indien, Black, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 - YES		ecify:	, , , , , ,		Specify:
15. DECEDENT'S EDUC	ATION 16a	DECEDENT'S USUA	AL OCCUPATIO	MAI	160	. KIND OF BU	SIMESS/IMPUS	TOY
(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work of life. Do NOT use retir	lone during mos		100	L KIND OF BU	3HE33/HD03	INI
Elementary/Secondary (0-12)	College (1-4 or 5+)	245. Co	Re	wnie	Mass			
17. FATHER'S NAME (First, Middle, Last)	1	.,,	110	18. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)	
Eddio +	terrination			0.0	rrio		11/1/5	N
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Ru	ral Route Num	ber, City or Tow	n, Stata, Zip Co	
Elise C	ollier	2510	Edge	combe	N	Apt J	. Bali	6. 1 MD 21215
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	20b. PLA	CE OF DISPOSITION	N (Name of cen	netery, crematory	or		CATION - CIT	or Town, State
4 Donation 5 Other (Specify)	Will from State	S NAT	HEH	PK		La	urel,	140
21. SIGNATURE OF TUNERAL SERVICE LICE	ENSEE //	\	22. NAME AN	D ADDRESS OF	FACILITY	les T		
· Hortin	Ebran		430	× W	abas	h A	UL	
23. PART I. Enter the diseases, or co	omplications that caused the list only one cause on each i		nter the mo	de of dylng,	such as car	dlac or resp	Iratory arres	t, Approximate Interval Between
IMMEDIATE CAUSE (Final	. +	1 1	-	ė .	1 .	,	1 1	Onset and Death
disease or condition resulting in deeth)	4 cole		(ani	A -	UNS	pait	red 7	ype
	DUE TO (OR AS A CON	SEQUENCE OF):				•		/.
Sequentielly list conditions,	DUE TO (OR AS A CON	SEQUENCE OF:						
If any, leading to immediate cause. Enter UNDERLYING	502 TO (511 A5 A 551	oracoror or j.						į
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):						1
resulting in death) LAST	1							
PART II. Other significant conditions	e contributing to death but no	ot resulting in th	e underlying	g cause giver	In Part I.	24a, WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 TYES	NO 🗆	OF DEATH?
<u> </u>								1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:	OT	26. PL HER:	ACE OF DEATH	(Check only o	ne)		
1 _ YES 2 _ NO	1 Inpatient 2 ER/Outpatien	3 DOA 4	Nursing Hom	e 5 🗆 Resider	_			
27. MANNER OF DEATH Notural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY		RK?		SCRIBE HOW	INJURY OCCUI	RED
Accident Investigation	28e. PLACE OF INJURY — A	Lhama farm store		rES 2 NO		DATION (Dans)	and Monthson	David David Marshar
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	i ricino, racini, atroo	, metory, offic		C/h	or Town, State,)	Rural Route Number,
290. CERTIFIER								
(Check only	CIAN: To the best of my knowledge							
2 MEDICAL EXAMINER	R: On the basie of axamination and	ror investigation, in	my opinion, d	eath occured at	rne time, dat	e and place, as	na aue to the e	ause(s) and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	non MAD			29c. LICENSE	NUMBER	1	29d. DATE S	SIGNED (Month, Day, Year)
CDKEMM	101		_	DL	1860)	(0115190
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	ITEM 27) (Type, Prin		MO	212	2.0		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					T ()		
31. DATE FILED (Month) Co. Lar	B. REGISTRAR'S SIGNATUR	The street of the street		D	0100			

25.0

10a. STATE

MARYLAND

11. MARITAL STATUS

10e. STREET AND NUMBER

DIRECTOR

FUNERAL

B

ETED.

COMPL

BE

2

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

7931 ST. MONICA DRIVE

15. OECEDENT'S EOUCATION (Specify only highest grade comple

FRANKLIN SQUARE HOSPITAL

10b. COUNTY

5. SEX

1 M 2 XXF

BALTIMORE

College (1-4 or 5+)

1 YEAR

A SOCIAL SECURITY NUMBER

236-30-0882

RESIDENCE OF DECEDENT

1 Never Married 2 Married

Elementary/Secondary (0-12)

SAMUEL HYDEN

19a. INFORMANT'S NAME (Type/Print)

HENRI CARLTON

20e, METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Re
4 Donation 5 Qfher (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

17. FATHER'S NAME (First, Middle, Last)

3 XVidowed 4 Divorced

VIEVIA KATHERINE HYDEN

6. AGE (In yrs. last birthday)

69

O/BE

- 5 F		(2) regow	1	C/Clex	2/			<u> 7922</u>	WISE AV	<u>ENUE</u>	DUN
urs after in by the r remova		23. PART I. Enter the diseasee, or shock, or heart failure.					ot enta	r the mod	de of dying, suc	h as cen	diec or reap
executed within 24 hours after of and completely filled in by the burial, cremation, or removal.		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	Subacute Ba				ocaro	litis		
ysiclan prior to	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	Sepsis DUE TO (OR AS A PURULENT CH DUE TO (OR AS A Pericholecy	CONSEC	ysti	tis	S			
PHYSICIAN: The law requires that the death certificating by the attending phy with the State Dept. of Health and Mental Hyglene with the State Dept. of Health and Mental Hyglene riced, or Hem 23 shows any Injury, or other	MEDICAL	PART II. Other algnificent condition	16 C	ontributing to death b	ut not re	esulting	in the u	nderlying	cause given in	Part I.	24e. WAS AF PERFO 1 5 YES
has bept Dept	Z	25. WAS CASE REFERRED TO MEDICAL	Т					26. PL	ACE OF DEATH (C)	eck only o	ne)
CIAN: The law ertificate has buthe State Dept.	HYSICIAN:	EXAMINER? 1 ☐ YES 2 ◯ NO		OSPITAL: 风 Inpetient 2 □ ER/Outp	atlant 3	□ DOA	OTHE 4 Nu		5 🗆 Realdence	6 🗆 Oth	er (Specify)
ING PHYSICIA After this certification with the marked, or	ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY (Month, Day, Year)		26b. TIM	E OF IURY M		URY AT RK? 'ES 2 NO	28d. DE	SCRIBE HOW
OR ATTENOING F DIRECTOR; After I hours after death tem 28 is mar		3 Suicide 6 Could not be 4 Homicide determined		28a. PLACE OF INJURY building, etc. (Spec	— At hou	ne, ferm,	street, fac	ctory, office	1		CATION (Street or Town, State
HOSPITAL OR AI FUNERAL DIREC Within 72 hours TANT: If Item	COMPLETE	ported only		N: To the best of my know On the basis of examination	-				-		
TO THE HOSPIT TO THE FUNER De filed within ?	BE	29b. SIGNATURE AND TITLE OF CERTIFIE		ymb					29c. LICENSE NU D37034	MBER	
	~ 1	20 NAME AND ADDRESS OF BEDSON WIL			ATM STEE	1.030 (5	Chilath				

НУО	EN			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
ПУИ	CIV			0 - 18 -	90	7:04 a
IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH		HPLACE (State or Foreign
MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	Coun	**
			-	11-29-19:	20 WE	ST VIRGINI
9b. CITY	TOWN O	DR LOCATI	ON OF DE	EATH	9c. COUNTY OF I	DEATH

ROSSVILLE <u>Baltimore</u>

10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY

1 TES 2 NO DUNDALK

101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

21222 U.S.A.

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 X 60 Specify:

14. RACE — American Indian, Black, White, atc. Specify: WHITE

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY

BEAUTICIAN SELF EMPLOYED

18. MOTHER'S NAME (First, Middle, Malden Surname)

GOLDIE LIVELY

19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

1015 REGINA DRIVE BALTIMORE. MARYLAND

20b. PLACE OF OISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State HIGH LAWN CEMETERY 6-23-1990 OAK HILL, WEST VIRGINIA

22. NAME AND ADDRESS OF FACILITY
DUDA-RUCK FUNERAL HOME OF DUNDALK, INC.
DUNDALK, MD 21222

iratory arrest,

Approximate Intarval Between Onset and Deeth

▶6 - 18 - 90

24b. WERE AUTOPSY FINDINGS

AUTOPSY

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 | NO 1 N YES 2 NO

INJURY OCCURED

and Number or Rural Route Number

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

X mi MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

goon Franklin Square Drive Baltimore, Md. 21237 <u>Tim Murray M</u>

		ı
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	notified at once,	
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i.	nedical examiner	
remova	edicai	
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cremi	ic event,	
pnua	atic	
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eatt	20	
9	Shov	
ept.	23	
State L	Item	
he	10	i
MITH I	ked,	
death v	mark	

							_	10 16845
	FOR STATE REGISTRAR	STATE OF MARYLAND /		RTMENT OF H		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	HUD	417	>		2. DATE OF DEATH	. / / /	3. TIME OF DEATH
	DETTY					VINE		90 7 74 M
	4. SOCIAL SECURITY NUMBER 7 213-09-5864	5. SEX 6. AGE (In yrs. led	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 4, 1		BIRTHPLACE (State or Foreign Country) MARYLAND
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	4791 BYRON RD.				BALTIMOR	E		BALTIMORE
SE	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
<u>=</u>	MARYLAND	BALTIMORE		BALTIM	ORE			1 TYES 2 TYNO
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	4791 BYRON RD.				212	08	US	SA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 YES SIVE WAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S ED		ECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	ive kind of a. Do NOT u	work done during mo se retired.)	st of working			
립	11		CLE	RK		BALTO.	COUNT	Y COURTS
0	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Ш	PHILIP SEIDEL				Al	NNA (UNKNO	WN)	
0	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street a		Route Number, City or Tow		de)
유	MR. SIDNEY HURWIT			BYRON R		TIMORE, MD		
	20a. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Ren 4 Oonation D Other (Specify)	noval from State other p	lace)	SITION (Name of cer DESH—BET			CATION — CITY ALTIMO	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE E	-	10	22. NAME A	D ADDRESS OF FA	CILITY		NEW TOO
	Den Local	1tillug.				ON & BROS.		
	22 PART Enter the glaceses, or	y coo and	-	6010	REISTER	STOWN RD.	BALTO	MD 21215
1	shock, or heart failure.	List only one cause on each line	eath. Do a.	not enter the mo	de of dying, auc	h as cardiac or reap	retory arreal	Interval Between
ı	IMMEDIATE CAUSE (Final disease or condition			C 10 .	100	0		Onset and Death
	resulting in death)	· LUNG)CE			
		DUE TO (OR AS A CONSE	OUENCE C	OF):		-		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	bDUE TO (OR AS A CONSE	OUENCE C	PF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events	DUE TO JOR AS A CONSE	QUENCE C	PF):				
ER	readiting in dadin LAST	d						
	PART ii. Other algolificant condition	ne contributing to death but not	rasulting	in the Underlyin	g cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S						PERFO	\ /	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	NO.	OF DEATH?
Σ						—		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T		26 Pi	ACE OF DEATH (Ch	ack only one)		
길	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	a [] pos	OTHER:	\/			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TII	4 Nursing Hon WE OF 26c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUP	RED
	1 Ventural 5 Pending	(Month, Day, Year)		JURY WO	PRK? YES 2 NO			
B	2 Aceident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY At h	ome, ferm,			26t, LOCATION (Street	end Number or	Rural Route Number,
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)				City or Town, State		
	29e. CERTIFIER	PICIAN. To the best of my least day.		-14-40-40-40-401				
COMPL	(Check only	SICIAN: To the best of my knowledge, d IER: On the bests of examination end/or						
႘		_ ()	pargati	and the openion, t				
BE	296. SIGNATURE AND TITLE OF CENTIFI	H AAA			29c. LICENSE NUI	MBER /	29d. DATE S	IGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITE	FM 27\ /5	e Printi	1105	2000	1 6	0/10/70

UST OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Davidson-Rendalls

DHMH-16 Rev 1/89

ital or attending physician. 21203-3146

BALTIMORE,

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH OF DEAT		NTAL HYGIEN REG. NO.	E		
j	1. OECEDENT'S NAME (First, Middle, Last) ELMER N	1ANFORD	HOLDE	RBY		2	DATE OF DEATH		YEAR 3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((in yrs. lest birthday) YRS.		AR IF UNDER	24 HRS. 7.	DATE OF BIRTH		BIRTHPLA	CE (State or Foreign
						ON OF CEAT		9c. COUNT		
8	RESIDENCE OF DECEDENT							<u> </u>		
8			10c. Cf						10d	, INSIDE CITY LIMITS?
		timore		Midd						
IERAI		ad					100	10g. CITIZE	USA	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried Married 3 Widowed 4 Divorced	FORCES?	2 NO	If ye	s, specify Cuba	n, Maxican, I	ORIGIN? (Specify Yea Puarto Rican, etc.)	or No-		
윤			(Give kind of	work done during		na	16b. KIND OF BUS	SINESS/INDU	STRY ·	
IPLET	B. CITY, TOWN OR LOCATION OF GEATH A Macdill Road RESIDENCE OF DECEDENT 106. STATE 106									
E CON		derby						Sumame)		
			195. MAILIN 455 W	ashing	ton Ave	or Rural Rou	nte Number, City or Town	n, State, Zip C	Va.	25704
		ioval from State	other pleas	ens Cer	of cometery, crem	natory or				
	10 / //-	Sthough						ome PA		
\vdash	20 PART I Star the discourse of the first Part of the Cou									
,	26. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line. Approximate interval Between Consett and Death Consett and									
z		DUE TO (OR AS)	CONSEQUENCE	OF):	= Pul	mon	MRY DI	SEASI	E	
CATIO	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	CONSEQUENCE (OF):						
ERTIFI	that initiated events	DUE TO (OR AS A	A CONSEQUENCE (DF):						
LC	PART II. Other significant condition	ns contributing to death t	out not resulting	In the unde	rlying ceuse	given in Pa	art I. 24a. WAS AN			
ICAL							PERFOR		COL	MARLE PRIOR TO MPLETION OF CAUSE
Ē							_ 10 123 2	i i i i i i i i i i i i i i i i i i i		DEATH?
Σ ;;							-			2 · · · · · · · · · · · · · · · · · · ·
¥	25. WAS CASE REFERRED TO MEDICAL				S. PLACE OF D	EATN (Check	conty one)			
SS	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 R	asidence 6	Other (Specify)			
r PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	JURY	C. INJURY AT WORK?		ed. OESCRIBE HOW I	NJURY OCCL	URED	
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm. clfy)	, street, factory	offica	2	181. LOCATION (Street City or Town, State)		or Rural Route	Number,
COMPLET	and only	HCIAN: To the best of my know ER: On the basis of examination								d manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE			71						
TO BE	J. M. NIEHOFF	mo Lyh	Muly	+	1)2	9 1 9	7	≥ C	118	190
	AST DEFUTY ME		9000	PRANK	4N S	QUA	ZE DR.	BALTO	D MD	21237
	31, DATE FILED (MONTY, 1607)	32. REGISTRAR'S SIGN							7	
		The state of	-A-Monda	2						OHMH-16 Rev 1/89

Co.

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Color of the

BALTIMORE, MARYLAND 21203-3146

cal examiner med	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner measurements
y the funeral direction moval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
after death. Page 6 mm	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 ##
DALIMOHE	DIVISION OF VITAL RECORDS, P.O. BOA 13148,

	for STATE REGISTRAR	STATE OF MARYL		RIMENT OF H			GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Leonard	Johnson (LEO	NARD A.	. JOHNS	ON JR.)	2. DATE OF DE JUNE 1	^{ATH} 8, [™] 1990	YEAR	3. TIME OF DEATH 5:40 P M	
	4. SOCIAL SECURITY NUMBER 212-26-9166	6. SEX 6. AGE (1	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 5 - 1 4	лн -30	8. BIRTHE Country	PLACE (State or Foreign	
	90. FACILITY NAME (if not institution, give st Maryland Gene:		or Location of DE	ATH		NTY OF DE	ATH			
210	RESIDENCE OF DECEDENT									
DIRECTOR	M D 106. COUNTY		10c. CIT	"BWICIMO	Pe City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	501 E. PRESTON	ST. APT 2	15	10	21202		10g. CIT	USA	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 Y YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO NTES	If yes, sp	ecity Cuben, Mexica 2 NO Specify	n, Puerto Ricen,		Black,	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 t n	CATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	WOUND OCCUPATION WORK done during moise retired.)	ON set of working		OF BUSINESS/IN			
MPI	9th		BUTO	HER		BEL	AIR MA	RKET		
00	17. FATHER'S NAME (First, Middle, Lest) LEONARD A. JOH	NCON CD			18. MOTHER'S NA		,			
H		NSUN SK.				RIE GA				
8	190. INFORMANT'S NAME (Typo/Print) RUTH JOHNSON				nd Number or Rural F				21202	
3	206. METHOD OF DISPOSITION	200	PLACE OF DISPO	SITION (Name of co	STON ST					
圖	1 Description 3 Removal from State DRUID RIDGE CEMETERY PIKESVILLE									
	MM.C. MARCH F.H.1						1101 E	. NC	RTH AVE.	
CERTIFICATION	23. PART I. Entèr tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): Severe ARTEROLONEPHOSCLEROSIS DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							Interval Between Onset and Dast		
MEDICAL C	Chronic Obs						WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (X 24'ES 2 \(\) NO	
	Clinical Hist	orv: Sever	Diarr	hea						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2XXNO	1 ☑ Inpatient 2 ☐ ER/Outp			ne 5 🗆 Residence					
ВУ РН	27. MANNER OF DEATH 13. Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b, TIN	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	OW INJURY OCCURED		
	a Device I 286 PLACE UP INJURY — At home form street factory office I 281 LOCATION (Street and Number of Dr.							or Or Rural A	oute Number,	
COMPLETED	Combon tray	CIAN; To the best of my know							and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIES	11.10			29c. LICENSE NUI	WBER	29d. DA	TE SIGNED	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WH Khudr Burjak, M.	O COMPLETED CAUSE OF DE			spital					
	31. DATE FILED (Month, Day Year) Links	32. PEGISTRUM PARA								

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attending physician.	we as the burial-transit permit, Pages 1, 2, 3 should		
of by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shaud in manages.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH TONES -37 PM 7. DATE OF BIRTH (Month, Day, Year) 2-19-03 SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (S) 038535 MONTHS DAYS HOURS MIN. 87 1 2 M 2 F 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH LIBERTY ME DIRECTOR MAD 10b. COUNT 10c. CJEY, TOWN OR LOCATION 10d. INSIDE CITY BAKTIMORE PARYLAND 1 / YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HATE IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 Specify: 1 Never Married 2 Married Sploily: NLEGRO BY 3 Midowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Se RSHEL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Roule Number, City or Town, State, Zip Code) 2 110MAS 20a. METHOD OF OISPOSITION
1 Decreal 2 Cremation 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cer LOCATION - City or Town, State MAM 1A120 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOSIFPH Ly Russ & Dec 22224 NORTH 1tels 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart feilure. List only one cause on each line. interval Between **Onact and Death** IMMEDIATE CAUSE (Final disease or condition_ reaulting in death) QUE TO (OR AS A CONSEQUENCE OF): PALLURE CERTIFICATION Sequentially list conditions, SEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente DUE TO OR AS A CONSEQUENCE OF): recuiting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1) Inpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide detarmined 1 GERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of ax nation and/or investigation, in my opinion, dasth occured at the time, data and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE MI

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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for state registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING	After
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	6. SEX 6. AGE	(In yrs. last birthday) M	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	2. DATE OF DEATH DATE OF BIRTH (Month, Day, Year)	94	8. BIRTHPLA Polar					
SOCIAL SECURITY NUMBER 79-22-8 653 In FACILITY NAME (If not institution, give street from a constitution of the constitution of the constitution of the constitution of the country of t	6. SEX 6. AGE oet and number)	(In yrs. last birthday) M	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	94	8. BIRTHPLA	MCE (State or Foreign				
10. STATE 10b. COUNTY Maryland Montgo	net and number)	9 JYRS. **	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	94	Polar	nd				
HESIDENCE OF DECEDENT Oo. STATE Maryland Montgo			b. CITY, TOWN	OR LOCATION OF DE		14	_					
nesidence of decedent on state Maryland Montgo	+ Greates 1	Dist. W.		98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
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00. STREET AND NUMBER	omery		rown on Loc Rockvi					d. INSIDE CITY LIMITS?				
			1	10f. ZIP CODE		10g. CITIZ	ZEN OF WHAT	r.k.				
6121 Montrose Ro	ad			20852		Uni	ted St	tates				
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes,	specify Cuban, Mexica		or No-	Black, Wi Specify:					
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(Specify only highest grade of	ompleted)	(Give kind of wor	rk done during r	most of working	166, KIND OF BUS	SINESS/INDU	USTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)				Groce	ry						
7. FATHER'S NAME (First, Middle, Lest)			-	18. MOTHER'S NA	MF (First Miridle Mairies	Surname)						
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9a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stree			yn. State. Zip	Code)	15213				
Dr. Morton Johan								nsylvania				
an. METHOD OF DISPOSITION	20	Db. PLACE OF DISPOSIT	ION (Name of c	cemetery, crematory or								
1 □ Buriel 2 □ Cremation 3 □ Remo	val from State	Aďas Israe	el Cong	gregation	Cemetery	Wash	ingto	n, D. C.				
1. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME	AND ADDRESS OF FA	CILITY							
Dougla 7												
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Sequentially list conditions.	CONGES	STIVE +	- COMP	J HAI	LUKE.							
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resulting in death) LAST		,,										
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(5/27/90)			ME	dical ex	AMINER			YES 2 NO				
			DR.F	Francis n	MAILEY)							
5. WAS CASE REFERRED TO MEDICAL	HOSPITAL			PLACE OF OEATH (Ch	eck only one)							
1 VES 2 NO				oma 5 🗆 Residence	6 Other (Specify)							
7. MANNEB OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		RY 1	WORK?	28d. DE\$CRIBE HOW	INJURY OCC	CURED					
2 Accident Investigation				- 110								
							or Rural Rout	a Number,				
90. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my kno	wledge, death occurred	at the time, de	ate and place, and due	to the cause(s) and ma	inner se atel	ed.					
one)	t: On the basis of examinati	ion and/or investigation,	, in my opinion	, death occured at the	time, data end place, ar	nd due to th	e cause(a) an	nd menner as ataled.				
96. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, DATE	E SIGNED (M	onth, Day, Year)				
OP 1 -	MMD.			N 21	567	16	1.70	20				
1. la Livit				1 1 6 60								
0. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type: P	Print)	1)56	322							
O. NAME AND ADDRESS OF PERSON WHO			orine)	E POA	D Poc			MD.208				
7. 99 99 99 99 99 99 99 99 99 99 99 99 99	Widowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Lest) Chaym Johan In Informant's Name (Type/Print) Dr. Morton Johan In METHOD OF DISPOSITION Burles 2 Cremetton 3 Remore Denetion 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICE Denetion 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICE ACUSE (Finel Research of Company of	Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Chaym Johan In Informant's Name (First, Middle, Lest) Chaym Johan In Informant's Name (Type/Print) Dr. Morton Johan In Informant's Name (Type/Print) Dr. Morton Johan In Informant's Name (Type/Print) Dr. Morton Johan In Informant's Name (Type/Print) Dr. Morton Johan In Informant's Name (Type/Print) Dr. Morton Johan In Informant's Name (Type/Print) In Donetton 5 Other (Specify) In Informant's Name (Type/Print) In Infor	Widowed 4 Divorced	Nidowed 4 Divorced If YES, GIVE WAR OR DATES I YES YES	Widowed Ohorored If YES, GIVE WAR OR DATES 1 YES 2 YNO Specify Widowed Ohorored If YES, GIVE WAR OR DATES 1 YES 2 YNO Specify Yes	Wildowed 4 Disposarion Specific Control Spe	Wildowed 4 Olymorad If YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wildows 4 Olymorad If YES, GIVE WAR OR DATES 1 YES 2 NO Specify: YES, GIVE WAR OR DATES 1 YES 2 YES 2 YES 3 YES	Type Wildowed Diversed Di				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

CASE

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STATE OF MADVEAUD / DEPARTMENT OF HEALTH AND MENTAL HYCIPME

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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after dear	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun he filed within 72 hours after obath with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa-
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		SIMIE OF I	IANTLAN	CERTIF					ICNIA	REG. NO.	_		
1. DECEDENT'S NAME (First, Mic		77 - 1 1							2. DATE	OF DEATH	W	YEAR	. TIME OF DEATH
	Bond	Kelly							6	15	1	990	5:00 p.
4. SOCIAL SECURITY NUMBER		S. SEX 1 M 2 □ F	6. AGE (In yr	s. last birthdey)	MONTHS	DAYS	HOURS	MIN.	(Month	OF BIRTN , Day, Year)	.	Country)	ACE (State or Foreign
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RESIDENCE OF DECEL	DENT	Ave.						V			DA.		
10a. STATE 10	b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ON						0d. INSIDE CITY LIMITS?
Md	BAl	timore		D	Und	alk	ZIP COD				40. 0.77		YES 2 NO
						101.							AT COUNTRY?
109 Baltim		AVE 12. WAS DECEDEN	T EVER IN U.	S. ARMED	13	3. WAS DECE	212 NDENT		IC ORIGIN	? (Specify Yes	-	S.A	- American Indien,
1 Never Married 2 Me		FORCES? 1	XYES 2	□ NO	"	If yes, spe	cify Cube	n, Mexicar Specify	, Puarto			Black, Specify:	White, atc.
3 Widowed 4 Divorce	d						7						ite
15. DECEDI (Specify only his	ENT'S EDUCAT	TION Impleted)	16	a. DECEDENT'S (Give kind of	work don	e during mos		ing	16b	KIND OF BU	SINESS/IND	USTRY	
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High Scho				Ret.	We	lder				ethle		Ste	el
William K								essi		Middle, Malden	Surneme)		
19e. INFORMANT'S NAME (Type				19b. MAILING	3 ADDRE	SS (Street or				oer, City or Tow	n State Zin	Code)	
DOlly Ban										ndal			1222
20a. METHOD OF DISPOSITION			20b. PL	ACE OF OISPO	_							City or Tow	
1 Burial 2 Cremetion 4 Oonation 5 Other (Sp		al from State	_ Gr	eenmo	unt	Cre	mat	orv		Ва	altin	nore	, Md.
21. SIGNATURE OF FUNERAL S	ERVICE LICEN	NSEE //			22	2. NAME AN	D ADDRE	SS OF FAC					
1/1/1/	11.1	H											e, Inc.
23. PART . Enter the dise shock, or hear IMMEDIATE CAUSE (Finel disease or condition reaulting in death)		at only one cau	EUMC	ilne.		er the mod	de of dy	ring, aucr	n as can	nec Dr reap	iratory sri	eat,	Approximeta Interval Between Onset end Death
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resulting in death) LAST	d.												
PART II. Other significant	conditions	contributing to	death but	not reaulting	in the	underlying	caUae	given in	Part I.	24a. WAS AM PERFO	RMED?		VERE AUTOPSY FINDINGS INMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25, WAS CASE REFERRED TO N	(EDICAL					26 DI	ACE OF F	DEATH (Che	ok ozbi o	sel .		GR	DES FINDINGS
EXAMINER?	7	HOSPITAL:	E9/Outpetle	at 2 004	ОТН	ER:						MOI	Inideoschic
27. MANNER OF DEATH	1.	28e. DATE OF	INJURY	28b. Til	WE OF	28c. INJ	URY AT	esidence		CRIBE NOW	INJURY OC	CURED	
1 Natural 5 Per 2 Accident	nding eatigation	(Month, E	lay, Year)	IN	JURY		RK? /ES 2 [□ NO					
3 Suicide 8 Co	uld not be ermined	28e. PLACE C building,	of INJURY — etc. (Specify)	At home, ferm,	street, fi	actory, office			281. LOC City	ATION (Street or Town, State	and Number	or Rumi Ro	ute Number,
one)		AN: To the best of											end manner as stated.
29b. SIGNATURE AND TITLE OF		AID.						XLAND		545	29d. DAT	1	Month, Day, Year)
30. NAME AND ADDRESS OF P						0.1							
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Tospital or attending physician.	at the ched for use as the burial-transit permit. Pages 1, 2, 3 sh		ante.
TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may require the management of the Hospital Course of the course of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, near the first of the funeral director, near the first of t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 3. TIME OF OEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH KEIL TANLE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BURTH 8 BIRTHRI ACE (State or Fo 219-03-4983 1 M 2 F DAYS HOURS YRS 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HUSPITAL LOCH RAVEN DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10d. INSIDE CITY River though 1 TYES 2 NO FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1330 do N 12. WAS DECEDENT EVEA IN U.S. ARMED FORCES? YES 2 NO IF YES, GIVE WAR OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuyan, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: BY 4 Divorced W/W BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) arber 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 19b. MAILINO ADDRESS (S 2 Md 21040 METHOD OF DISPOSITION
Burlet 2 Cremetion 3 Removal for 20b. PLACE OF DISPASITION (Name of or 20c. LOCATION Md Donation 5 Other (Specify) Lwood 22. NAME AND ADDRESS OF FACILITY be 2123 the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate sk, or heart fallure. List only one cause on Onset and Death IMMEDIATE CAUSE (Final Cancer (Metastatic disesse or condition rostat resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS NUTRITION PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 -10 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED (Month, Day, Year INJURY 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 4 Homicide determined 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and manner as stated. 29d. DATE SIGNED (Month, Day BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LO LOCH RAVEN VA HOSPITAL

32. REGISTRAR'S SIGNATURE PROPOSE

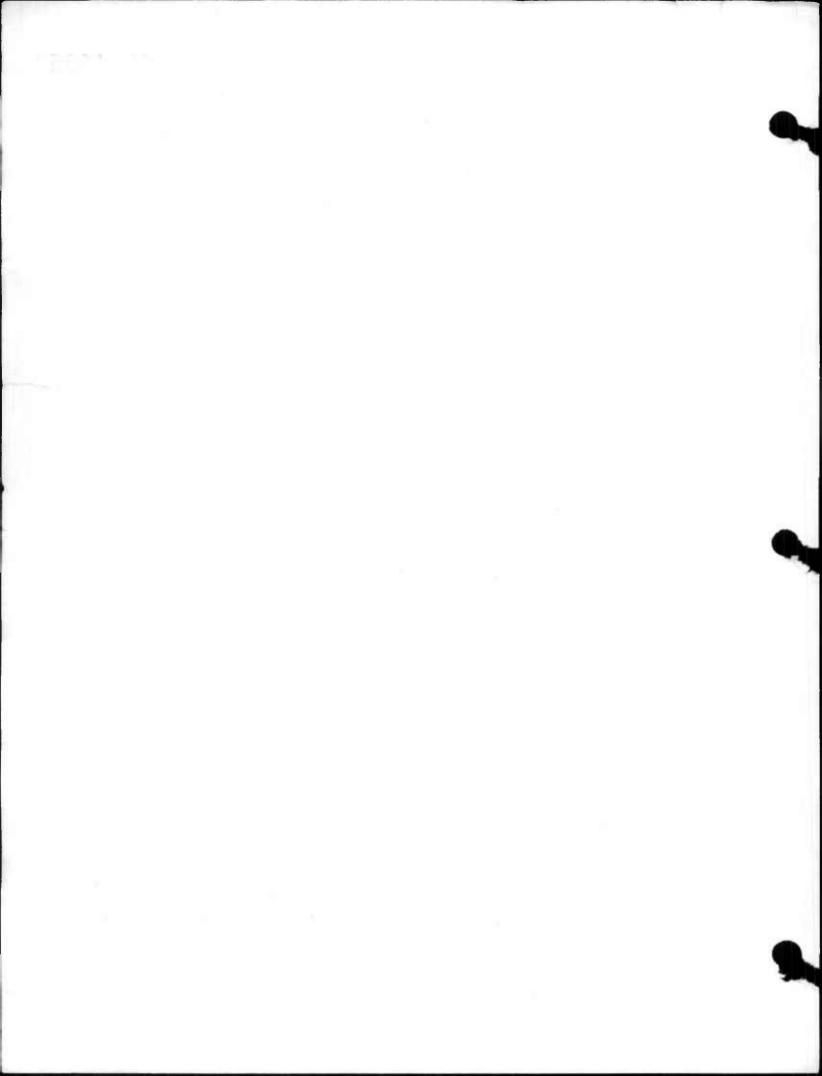
BALTIMORE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-trangk-permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE OF F		CERTIF					WENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			,						OF DEATH			3. TIME OF DEATH
1 1	Claudette	Ε.	MTT	ller					MONT	une 17		YEAR	5:40AM M
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	217-30-1175	1 🗆 M 2 📡 F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	0 - 1 4 - 3	२२	Countr	" MD
	Se. FACILITY NAME (If not institution, give		- 0		9b. CITY	TOWN O	R LOCATIO	ON OF DE				NTY OF O	
Œ	Maryland Genera	,	1				timo						
DIRECTOR	RESIDENCE OF DECEDENT	THOSPICA	-			Dal	CIMO	Te (JILY				
Ä	10e. STATE 10b. COUNT	ry		1000	Y, TOWN C								10d. INSIDE CITY LIMITS?
	MD			BA	LTIN	10 R E	, C	ITY					1) YES 2 NO
A	10a. STREET AND NUMBER					10f.	ZIP CODE						HAT COUNTRY?
5	2545 ROUND RD.							2127	25			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGI	N? (Specify Yee Rican, atc.)	or No-	14. RACE Black	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	AR OR DATES	X			2 NO						BLACK
	15. DECEDENT'S ED	I	1.00						1		1		DLACK
	(Specify only highest grad	le completed)	-	(Give kind of a life. Do NOT us	work done	during mos	n st of workin	ng	18	b. KIND OF BUS	SINESS/INC	USTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5	՝ Ս	NEMPL)							
COMPLETED	17. FATHER'S NAME (First, Middle, Lust)						16 MOTI	HED'S NA	ME /Eint	Middle, Meiden	Sumamal		
	JOHN EDWARD J	IOHNSON								WKINS	Gurranney		
BE	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street e				nber, City or Tow	n State Zir	Code)	
2	LINDA HARRIS												21213
	20g, METHOD OF DISPOSITION		20b. PL	ACE OF DISPO							CATION -		
	1 🖄 Burial 2 Cremation 3 Red 4 Denation 5 Other (Specify)	moval from State		STE'RN			EME"		,				E, MD.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY	1 *			2, 110
	NAmella 1	-1)			.,,	** 0	UTA ATT						
	1/1/4000	Buy											ORTH AVE.
	23. PART i. Enter the diseases, or shock, or heart failure	List only one car	t caused the	line.	not enter	the mo	de of dy	ing, suc	h ss cei	rdlec or resp	iratory sn	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Exten	sive C	arcino	mato	sis							Onaet and Death
	resulting in death)	a. DUE TO	(OB AS A CO	NSEDIJENCE O	D.								
		Chron	ic Obs	HSEDUENCE O	ve P	ulmo	nary	dis	ease	9			j
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
CAT	cause. Enter UNDERLYING	e.											
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
FR	resulting in death) LAST	d											
	PART II. Other significant condition	ons contributing to	death but r	not resulting	In the ur	derlying	Cause	alven in	Part I	24a, WAS AN	VPROTILIA	246	WERE AUTOPSY FINDINGS
ICAL				iot rooditing		· sicily in	9 00000	given in		PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 TYES 2	ON Z		DF DEATH?
Σ													1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH (C)	ack only	2001			
PHYSICIAN: MED	EXAMINER?	HOSPITAL:	EB/Outnotle	- 2 DOA	OTHE	R:							
¥	27, MANNER OF DEATH	28a. DATE Of		28b. Til		28c. INJ		nsidence		er (Specify)	NJURY OC	CURED	
<u>-</u>	1 Natural 5 Pending	(Month, i		IN.	JURY M	WO	RK? YES 2	NO.					
B	2 Accident Investigation 3 Suicide S. Could not be	28e. PLACE	OF INJURY —	At home, ferm,	street, faci				28f. LO	CATION (Street	end Numbe	r or Rural i	Route Number,
	4 Homicide S Could not be determined	building	etc. (Specify)						Cit	y or Town, State;)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best o	l mu knowledo	n dooth norm	and at the t	lana data	and place		In the o			a-di	
MP	and any												e) end manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFI	FR											
BE	THE OF CENTRE	mond would	MP.				ZVC. LIC	ENSE NUI			290, DAT		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W			(ITEM 27) /F	Deles*)			n	/a			6,	/18/90
				firm all (l)/bi	, rink)								1
-	Christopher	Wond M	0				0/0	M > ~	₹7 T ¬ ~	and Fr	30 m 3	ZOOT!	ital
	Christopher	Wong, M.	IT'S SIGNATU	IRE			c/o	Mar	ylar	nd Gene	ral	dsoH	ital



at the burial-transit permit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last)	m	0000	11			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
111(014)	1//	CCa	9		,	6 1	17	90	1230 AM
4. SOCIAL SECURITY NUMBER 5'09-22-8052	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	117	8. BIRTHI Country	PLACE (State or Foreign
90. FACILITY NAME (If not institution, give str	reet and number)			96. CITY, TOWN	OR LOCATION OF	DEATH		NTY OF DE	ATH
FOREST HAVEN	/ A/URSI	ing Ho	ME	BAI	Ito.	2rty	COS	1AL	AMA
10e. STATE 10b. COUNTY			10c. CITY,	BA/	ATION - FIMOR	F			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				1	01. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
1803 Kuxto	SN AL	IF			212/6		1	15	A
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W			If yes, s		ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yee or No-	14. RACE Black Specifi	- American Indien, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)	(Gh	ve kind of wo	SUAL OCCUPAT		16b. KIND OF E	SUSINESS/INC	DUSTRY	1
Elementary/Secondary (0-12)	College (1-4 or 5+	Ma :	Do NOT use	retired.) ESTU					
17. FATHER'S NAME (First, Middle, Last)	11				16. MOTNER'S H	IAME (First, Middle, Maid	en Surname)	,	
NOAh KE	111				MARY	FANNI	EI	KEL	1/
190. INFORMANT'S NAME (Type/Print)	av	196.	MAILING A	ADORESS (Street	and Number or Ren	Poute Number, City or 1	own, State, Zie	Code)	2/2/6
20a METHOD OF DISPOSITION 1 Apurier 2 Cremation 3 Remo	oval from State	other place	OF DISPOSI	TION (Name of c	emetery, crematory of	20c.	LOCATION -	City or Ton	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- INCO	F	/ \ - 3 /	14/	16.7	TONS	VIVI	12 / 00
				22. NAME	AND ADDRESS OF	ACILITY	-		1/ -
· Wme, B,	rown			WA	06 W.	NOR+H	ZOM!		VITY F.
23. PART I. Enter the disease, or cahock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications the	re on each line.	440	ot enter the m	ode of dying, at	NOR+H		rest,	Approximate interval Between Onset and De
ahock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition	omplications the let only one ceu	se on each ilne.	U Y U IUENCE OF	ot enter the m	ode of dying, at	ROWN C NoR+h		rest,	Approximate interval Between Onset and De
ahock, or heart feilure. I	omplications the let only one ceu	(OR AS A CONSECUTION AS	DUENCE OF	ot enter the m	1. C. BA 06 W. node of dying, at	ROWN RHA		10 N	Approximate interval Between Onset and De
ahock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions DULT BULGUELLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	omplications the Lief only one ceu DUE TO DUE TO DUE TO C. DUE TO A CONTributing to A CONTRIBUTION TO A CONTRIBUTION TO HOSPITAL:	(OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ	DUENCE OF D	ot enter the m	ng ceuse given in MECLIT	NoRth NoRth NoRth Ich ee cardiec or rei TNPA In Part I. 24a. WAS PERF 1 YES	AN AUTOPSY CORMED?	10 N	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart feliure. In its property of the condition of the condition of the condition of the condition of the condition of the conditions of the conditions of the conditions of the conditions of the condition of the condi	omplications the Lief only one ceu DUE TO DUE TO DUE TO DUE TO A COntributing to A CONTRIBUTION TO THE TO THE TO THE TO TO THE TO TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE T	(OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ	DUENCE OF DUENCE	the underlying Northern Nursing No.	ng ceuse given in MECLIT PLACE OF DEATH (1) THE SE RESIdence THE RESIDENCE SE THE S	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY PORMED?	24b.	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leet) DELLENAHR. MA'T THEWS 2. DATE OF DEATH MONTH DAY OF 20 90	6.50 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (MONTH, DAY, YEAR) F UNDER 24 HRS. 7. DATE OF BIRTH (MONTH, DAY, YEAR) F UNDER 24 HRS. 7. DATE OF BIRTH (MONTH, DAY, YEAR) F UNDER 24 HRS. 7. DATE OF BIRTH (MONTH, DAY, YEAR) F UNDER 24 HRS. 7. DATE OF	MC State or Foreign
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE.	ATH
IO R	Sinai Hospital Baltimore	
REC	RESIDENCE OF DECEDENT 10a. STANG. 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore	IOd. INSIDE CITY LIMITS?
	DATICITION OF WITH THE PROPERTY OF AND NUMBER 100. STREET AND NUMBER	YES 2 NO
ERA	6613 Dalton Dr. 21207 U	S.A.
BY FUNERAL DIRECTOR	> 1 YES NO Specify: Specify:	- American Indien, White, etc.
		ick
PLEI	Elementary/Secondery (0-12) College (1-4 or 5+) Soc. Sec. Admin. U.S. Governi	ment
BE COMPLETED		5
TO B		07
	20s. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cemetery, cremetory or Druid Ridge Cemetery Balto.,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens Street Balto.	
	23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sepsis	Onset and Death
NO	C THOMAS P (SOUND)	
CATI	H any, leading to immediate cause. Enter UNDERLYING LIVEY Failure	
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	
PHYSICIAN: MEDICAL CI		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ME		1 NO YES 2 NO
IAN	Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)	
TED BY	3 Suicide S Could not be determined 4 Homicide 4 Homicide Homicide S Could not be determined	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER; on the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e).	end manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIED Medical Resident 296. LICENSE NUMBER 29d. DATE SIGNED	
5		2(5 -
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Alia Davidson - Namale	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIF	CATE	OF I	DEATH		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)								E OF DEATH	i	3.	TIME OF DEATH
WILLIAM		R	•		MUR	RAY		Mon	17	199	O	2:25A
4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 1	YEAR	IF UNDER 24 HRS.		E OF BIRTH		BIRTHPL	ACE (State or Foreign
214-11-0331		1 🔀 M 2 🗆 F	18	YRS.	MONTHS E	DAYS	HOURS MIN.		nth, Day, Year) . 14, 19	71	Country)	DE
9a. FACILITY NAME (If not ins	stitution, aive s	treet and number)		-	9h CITY T	TOWN OF	R LOCATION OF DE		• 14, 15		over,	
Central A												
RESIDENCE OF DEC					K	T a g	ely	_			aro.	line
10a. STATE	10b. COUNT	y		10c. CITY	Y, TOWN OR	LOCATIO	ON				10	Dd. INSIDE CITY
Delaware	Kent	_		Cla	vrton						١.	LIMITS? YES 2 NO
10e, STREET AND NUMBER	Neitt] Wa	yton	104	ZIP CODE			10a CITIZI		AT COUNTRY?
P.O. Box 264							938			1		AT COOKINT?
								_		USA		
11. MARITAL STATUS 1 Never Merried 2	Mambad	12. WAS DECEDEN FORCES? 1	YES 2				NDENT OF HISPAP city Cuban, Maxica			n or No 1	I4. RACE — Black, V	- American Indian, White, atc.
3 Widowed 4 Divor		IF YES, GIVE V					2 X NO Specifi				Specify:	White
	25/10/							_				
15. DECE (Specify only	EDENT'S EDU highest grade	CATION completed)		DECEDENT'S (Give kind of v	vork done dui	CUPATION ring most	N t of working	16	b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	llfe. Do NOT us	se retired.)							
12th		0		Inemploy	yed				Unemp.	Loyed		
17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
William Murray	у						Barbara A	nn Co	onley			
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (d Number or Rural			vn, State, Zip (Code)	
Barbara Ann Tot	th			R.R.#1	Box F	126	Greensbor	o, M	21639			
20g, METHOD OF DISPOSITI	ON						etery, crematory or	-		CATION - C	ity or Town	. Stata
1 Burisi 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	oval from State	other	place)			ji www.nator j Or					
21, SIGNATURE OF FUNERAL		CENSES	- Green	isboro (D ADDRESS OF FA	OH ITY	Gree	nsboro,	PELLY.	Lario
	1 1	. //	(22. N	AME ANI	D ADDRESS OF PA	I	Faries F	uneral	Direct	tors, Inc.
Valle 1	9. 70	rea /				29.5	South Main					
23. PART i. Enter the di	sesses, or	complications the	st caused the	desth. Do r	not enter th							Approximate
		List only one cse	use on each ii	ne.								Onset and De
IMMEDIATE CAUSE (Fin disease or condition	el											Onset and De
resulting in deeth)	→		ultip1			es						1
		DUE TO	(OR AS A CONS	SEOUENCE OF	F):							
Sequentistly list conditi	ons T	b	DOMESTIC STREET									ļ
if any, lesding to immed	diste	DUE TO	(OR AS A CONS	SEOUENCE O	F):							
CAUSE (Disesse or Inju		c										<u> </u>
that initiated events	· 1	DUE TO	OR AS A CONS	SEOUENCE O	F):							
resulting in deeth) LAS	' L	d										
PART II Other elemina	nt oppdist-	ne nemtelbudge 4-	double but = :	A manufalin-	In the t	lands des	anne shire t	Dort I	T 44			
PART II. Other algnifics	nt conditibi	contributing to	destn but no	reauting	in the und	errying	csuse given in	Part I.	24a. WAS AP PERFO		A	VERE AUTOPSY FINDIN WAILABLE PRIOR TO
									1 (2 YES	2 🗌 NO		OMPLETION OF CAUSI OF DEATH?
												X YES 2 NO
25. WAS CASE REFERRED TO	O MEOICAL		_			26. PL	ACE OF OEATH (C)	heck only	one)			
EXAMINER? 1 2 YES 2 NO		HOSPITAL:	FR/Outpettent	3 🗆 📭	OTHER:	:						
27. MANNER OF OEATH		28s, OATE OI		26b. TIM	-	ng Home 28c. INJU	F 5 Residence	44	ESCRIBE HOW	SCEI		
	Pending	(Month, I	Day, Year)	IN.	JURY	WOR	RK?					
2 Accident	Investigation		7-90	_	4 A ^M		ES 2 NO					ixed ob
	Could not be	268. PLACE (building	OF INJURY — At , atc. (Specify)	nome, farm,	street, factor	ry, office		Ch	DCATION (Street ty or Town, State)		T 111
- Inomicial	determined	Ro	ad					Cen	tral	Ave.,	Ri	dgely,M
29a. CERTIFIER	IFYING PHYS	ICIAN: To the beat o	f my knowledge.	death occurr	ed at the tim	ne, data	and place, and du	s to the c	seuse(s) and me	nner sa state	d.	
(Circon only	The state of the s	and the second second										and manner as stated
					, my opi	and the second				-		
296. BIGHATURE AND TIPLE	OF CERTIFE	1 22 1	. 0 -				29c. LICENSE NU	MBER		29d. DATE	SIGNED (A	Month, Day, Year)
may w	ell	17-CU14	rul				OCME			6-	-17-	90
30. NAME AND ADDRESS OF	PERSON W	O COMPLETEO CAL	ISE OF DEATH (I	TEM 27) (Type	o, Print)							
Margarita	Α.	Korell	M.D.		11	1 F	enn St		Balto	. MI) 2	1201
31. DATE FILED (Mg. 4)		32. REGISTR		- YO -				,		,		
	# 1 B	13.00	/ la	Miles II								

transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—exurs after death. Page 6 may be retained by the hospital or attends to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as falled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. rurs after death. Page 6 may be retained by the hospital or a DIVISION OF VITAL RECORDS, P.O. BOX 13146, I

22 REGISTRATURE

31. DATE FILED (Month, Day, Year)
UN 21 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wound after death. Page 6 may be retained by the hospital, or afterior	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached not as as the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE		STATE OF N			TMENT 0			MENTAL HYGI		90	16856
REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last) Michae	١.	А.	EKIIF	Parke		IH	REG. 2. DATE OF DEATH MONTH 6-18-	DAY	YEAR	3. TIME OF DEATH 2 • 2 ∩ \(\Delta M \) M
4. SOCIAL SECURITY NUME 220 – 84 – 42	ER	5. SEX	6. AGE (In yrs. le	isl birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea 2 - 22 - 6		8. BIRTHI Country	PLACE (State or Foreign
9a. FACILITY NAME (If not in	stitution, give str	reet and number)	20	1110.	9b. CITY, TO	WN OR LOCAT	ION OF DE			INTY OF DE	
Johns Hople RESIDENCE OF DEC 10a. STATE MD	EDENT	spital				altimo	re C	ity			
	10b. COUNTY				LTIMO		ITY				10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER 812 DARTM 11. MARITAL STATUS	UTH R	D.				101. ZIP COI			10g. CIT	USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive			T EVER IN U.S. A YES 2 WAR OR DATES	RMED NO	If ye	DECENDENT a, specify Cub YES 2 \(\) NO	an, Maxicai	IIC ORIGIN? (Specify n, Puarto Rican, atc.	Yea or No—)	14. RACE Black Specifi	- American Indian, White, atc.
	EDENT'S EDUC y highest grade (+) á	Give kind of vie. Do NOT us	USUAL OCCUPOR done during retired.) ENANC	g most of work	ding	16b. KIND OF	BUSINESS/IN	DUSTRY	
		ARKER				255		ME (First, Middle, Me MAE CO			
WILLIAM 19a. INFORMANT'S NAME O DIANE	ype/Print)					eet and Numb	er or Rural F	Route Number, City or BALTI	Town, State, Zi	(p Code)	21212
20a. METHOD OF DISPOSIT 1	on 3 🗆 Remo	oval from State		OF DISPOS	STAI	of cometery, cri			LOCATION —		E, MD.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				. C . M			1101	E. N	ORTH AVE.
23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	eert feliure. L	Multip		shot v	<i>v</i> ounds		ying, suc	h se cerdlec or r	eepiratory e	rrest,	Approximate Interval Between Onset and Death
Sequentielly list condition is sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in deeth) LAS	diete ING ury		(OR AS A CONS								
PART II. Other eignifica	ent condition	s contributing to	death but not	resulting	In the under	riying ceuse	given in	PE	S AN AUTOPSY RFORMED? ES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\sum \) NO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	74.00 A - 41 - 4	a	OTHER:	6. PLACE OF	<u>`</u>				
27. MANNER OF DEATH	Pending Investigation	6-18-	FINJURY Day, Year) -90	28b. TIN IN. 1:4	E OF 28	C. INJURY AT WORK?	Healdenca	28d. DESCRIBE H Subject	ow injury of		
	Could not be determined	28e. PLACE (building	OF INJURY — At I , etc. (Specify)	home, farm, Bö		office		28f. LOCATION (S 1800 N.	reet and Numb State) Gay St	er or Aurel F treet	,Baltimore,
Donatic renty		CHARLES CO. CO. LECT.						to the cause(a) and time, data and place) and menner as stated.
296. SIGNATURE AND TOPO	Pecentina					29c. L	CENSE NUI		29d. DA		(Month, Day, Year) 8-90
30. NAME AND ADDRESS OF FRANK PE			ISE OF DEATH (IT			nn Str	eet,E	Baltimore	e,MD 2	1201	VC

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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the American by the attention physician and completely filled in by the funeral director, page 5 should be deficited for use as the burial-transit permit. Pages 1, 2, 3 should be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR				MENTA	L HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Lest), TONY V. PAL	2					2. DATE MONT		4	AR 3. 1	4.50 Am
		1 × M 2 □ F 30	rs. lasi birthday) YRS.	IF UNDER 1 MONTHS 9b. CITY,	DAYS H	DURS MIN.	2 Mont	OF BIRTH h, Day, Year)	1 2 0	Country)	CE (State or Foreign
TOR	LIBERTY MED	ICAL CEN	VIER	B	ALT	MORE	r	nD	BI	4 LT	1 MORE
DIRECTOR	M D		1	Y, TOWN OF		, CIT	Υ			10.30	LINSIDE CITY LIMITS? VYES 2 NO
FUNERAL	1836 DRUID HIL	L AVE			10f. Z	21217			10g. CITIZEN		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If	yes, speci	DENT OF HISPA y Cuban, Mexic X NO Spec	en, Puerto	N? (Specify Yes Rican, atc.)	or No.— 14.	RACE — / Black, Wh Specify: B L	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12th	ompleted) College (1-4 or 5+)	RESTUF	work done di se retired.)	CUPATION luring most of	f working	161	o. KIND OF BUS	INESS/INDUST	RY	
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLIE VIN	ICENT			1	CORA	PAI	Middle, Malden S R	Surname)		
TO E	19a. INFORMANT'S NAME (Type/Print) CORA FURGUSON		2734	1 E.	CHA	SE ST			MORE,	MD.	21213
1	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	B A	LACE OF DISPO ther place) LTIMOF				,		ALTIM		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				MARC		н. 11	01 E.	NOF	RTH AVE
	23. PART I. Enter the diseases, pr co shock, pr heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st Dnly one ceuse Dn esci	PS 15		the mode	of dying, su	ich as cer	diac or reaping	atory erreat		Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	I BU	EEL	>						
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to deeth but	not resulting	in the und	derlying o	euse given i	n Part I.	24a, WAS AN A PERFORE 1 TYES 2	MED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE OEATH? YES 2 4 M6
ICIAN		HOSPITAL:		OTHER	t:	E OF DEATH (L	
PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		28c. INJUR	?	-	er (Specify) SCRIBE HOW IN	JURY OCCUR	ED	
FED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,			2 NO		CATION (Street e or Town, State)	nd Number or	Rural Route	Number,
COMPLETED	cond only	IAN: To the best of my knowled: On the bests of examination a								huse(a) an	d manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		SPITAL H (ITEM 27) (TOP)			D37				- 19 ·	nth, Day, Year)
	TERANCE LAMI	3 LIBERT	Y ME		- C	ENTE	R 1	BALTI	MORE	M	D
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	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t
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	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle LastL.,	, 1 A	CE FLorer			F DEA		REG. NO 2. DATE OF DEATH MONTH		YEAR 3.	TIME OF DEAT	TH A
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 220-82-8505	1 V	GE (In yrs. lest b	oirthday) IF	UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3-23-19	1	8. BIRTHPLA Country)	ACE (State or Fo	preign
	So. FACILITY NAME (If not institution, give of Fallston Gene	pital	96. CITY, TOWN OR LOCATION OF DEATH					23-1913 FortHoward, N 9c. COUNTY OF DEATH Hartold				
	10e. STATE 10b. COUNTY	arford		10c. CITY, TOWN OR LOCATION Edgewood, Md. 21(040		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	100. STREET AND NUMBER 2010 Brown St.	Edgewood	d, Md.	Md. 101. ZIP CODE 21040					U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YE										
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) High School			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker					Own Home			
BE CON	17. FATHER'S NAME (First, Middle, Last) Jacob Henry Ha		18. MOTHER'S NAME (First, Middle, Melden Surname) Ida Hodges									
TO BI	19m. INFORMANT'S NAME (Type/Print) CHarlene P. Bu		9b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 7'2 Code) 4702 Rocks Rd. Street, Md. 21159 E OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION — City or Town, State									
	20s. METHOD OF DISPOSITION 1 Buriel 2 Decremation 3 Remoted Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE		other plac	•)	unt	Crem	ator	у В.	Alto.	2000000	State	
	22. NAME AND ADDRESS OF FACILITY Bradley-AShton FUneral Home, Inc. 2134 Willow Spring Rd. DUndalk, MD. 2									21		
	23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Card	on each line.	epiy	atm				piratory arr	rest,	Approxim Interval B Onset en	etwe
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. COY - PMMON Q QL DUE TO (OR AS A CONSEQUENCE OF): C. Chronic Aug., failure - Emphy Lema, Branchity; Due To (OR AS A CONSEQUENCE OF): d. C. Cy - PMMON Q QL Due To (OR AS A CONSEQUENCE OF): C. Chronic Aug., failure - Emphy Lema, Branchity; Due To (OR AS A CONSEQUENCE OF): d.									7		
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i							PERF	PERFORMED? A 1 YES 2 NO		ERE AUTOPSY F MILABLE PRIOR DMPLETION OF F DEATH?	TO CAUS
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DNO 1 Valing ettent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
BY PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year)											
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.											
TO BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print))	
	13. D. PAREKH, 31. DATE FILED (Month, Day, Year)	N MD	210	47.								
	JUN 21 199	32. REGISTRAR'S	rider A	Syland								

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 mounts are the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director after the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must, be netted at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	_	CERTIFIC	ATE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH							
	MONTH DAY YEAR													
				UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign							
	The state of the s		MO	NTHS DAYS HOURS MIN.	(Month, Day, Year)	Cou	ntry)							
	217-14-9816	□ M 2 🔀 F	67 YRS.		7/24/22	Ma	ryland							
. 1	9a. FACILITY NAME (If not institution, give atree	et and number)	91	CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH							
<u> </u>														
2	RESIDENCE OF DECEDENT	Union Memorial Extended Care Unit Baltimore												
UINECTOR	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY							
=	MD -		D -	24.5			LIMITS?							
	MD		Ba	ltimore			1 XYES 2 NO							
10s. STREET AND NUMBER 7106 Railway Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1														
5	7106 Railway	Avenue		21222		U.S.A								
ξ		2. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14, RA	14. RACE — American Indian, Black, White, etc.							
	1 Never Married 2 Married	FORCES? 1		If yes, specify Cuban, Mexica										
	3 Widowed 4 Divorced	IF YES, GIVE WAR	UR DATES	1 TES 2 XNO Specif	у:	Specify: White								
_	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY													
COMPLEIED	(Specify only highest grade co	mpleted)	(Give kind of work	done during most of working titred.)	166, KIND OF BUSI	INESS/INDUSTRY								
4		College (1-4 or 5+)	life. Do NOT use re	tired.)										
Ē	High School		Homema	ker	Own Ho	ome								
5	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NA	ME (First, Middle, Maiden S	Sumeme)								
2	Harry SMith			Pooh	e . Lillia									
Б	19a, INFORMANT'S NAME (Type/Print)		Les vernes es	DRESS (Street and Number or Rural										
2				ailway Ave. H		2								
P	George J. Panz	er	7100 K	allway Ave.	saito., Mu.	. 2122								
	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI	ACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or T										
	1 Burial 2 XCremation 3 Remove 4 Donation 5 Other (Specify)	al from State	Greenmo	unt Cremator	v Ba	lto. Md.								
- 1	21, SIGNATURE OF FUNERAL SERVICE LICIU	NSEE /	0200111110	22. NAME AND ADDRESS OF FA	CILITY									
- 1		/// -		Bradley-ASh	ton FUne	ral Ho	me, INc.							
	11/1/1/1/1/			2134 WT110v	SPring I	Rd.Bal	to., Md. 2122							
	23. PART I. Enter the diseases, Dr coi	mplications that co	treed the death. Do not				Approximete							
-1	shock, or heert fellure. Lie			onto the mode of dying, and	ee coraieo or roopii	atory orroot,	Interval Between							
- 1	IMMEDIATE CAUSE (Finel		A and a second	0.4	0 0		Onset and Death							
-1	disease or condition	Conver	of the by	volde with	metastas	i	Month							
- 1	resulting in death) e.	OUE TO (OF	AS A CONSEQUENCE OF):											
_														
5 1	Sequentially list conditions, b.	OUE TO (OE	AS A CONSEQUENCE OF):											
-	if eny, leading to immediate	00E 10 (0R	AS A CONSEQUENCE OF J.											
CERTIFICATION	CAUSE (Diseese or injury													
=	that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):											
=	resulting in death) LAST													
5				<u>. </u>										
1	PART ii. Other significent conditions	contributing to de	eth but not resulting in	the underlying couse given in	Part i. 24s, WAS AN . PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
DICAL	Cover of brev	it; an	when delige	va perture,	1 _ YES 2		COMPLETION OF CAUSE OF DEATH?							
3	1) white mille	tin	0			7.10								
ž	1/ 4/20 425 /14 4000	,			— I	1	1 YES 2 NO							
Z	·													
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)									
ᇎᅵ		HOSPITAL:		THER: Nursing Home 5 - Residence	6 Other (Cresh)									
Ë	27, MANNER OF DEATH	26a. DATE OF INJ			28d. DESCRIBE HOW IF	LIEN OCCUPE								
PHY	V	(Month, Day,		Y WORK?	280. DESCRIBE HOW II	AJONT OCCOREC								
R	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO										
IED	building, stc. (Specify) City or Town, State)													
Į Į	29s, CERTIFIER					-								
<u> </u>	(Check only T CERTIFYING PHYSICI	AN: To the best of my	knowledge, death occurred	at the time, data and place, and du	a to the cause(a) and man	mer as stated.								
COMPLE	one) 2 MEDICAL EXAMINER:	On the besis of axem	ination and/or investigation,	In my opinion, death occured at th	e time, data and place, an	d due to the caus	e(s) and manner as stated.							
	20h SIGNATURE AND TITLE OF CERTIFIER			200 LICENSE NI	MADED	204 DATE SIGN	IED (Month Day Man)							
H H	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
	1 1/23 / 1 1 7 3 1 1 1 1													
	Amori J. Mar	yeun 11		0	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	30. NAME AND ADDRESS OF PERSON WHO	DOMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P				11,10							
2	30. NAME AND ADDRESS OF PERSON WHO 220 W Cold San	DOMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	71210			1111							
	220 W Wed Syn	wy.La	Prulte Md		,		11.13							
	30. NAME AND ADDRESS OF PERSON WHO 22 W WY SMALL 31. DATE FILED (Month, Day, Mall) 21	wy.La	OF DEATH (ITEM 27) (Typo, P											

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Balto21231

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 6-20-4

Approximate Interval Between

Onset and Death

IL'ON A

REG. NO.

7. DATE OF BIRTH

2. DATE OF OEATH MONTH June DAY 19m 1999

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)
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OF VI	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within proving after dea
S	OR
	PITAL

	4. SOCIAL SECURITY NUMBER 217-20-0957	5. SEX	6. AGE (In yrs. Ins 66		THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	ыктн ^{ву.} 3 ⁶⁰⁷ 1924	8. BIRTHPL County)	ACE (State or diana		
NG.	90. FACILITY NAME (If not institution, give etreet and number) St. Johns Home 16 S. Patterson Pk. Ave Balto. City											
DIRECTOR	nesidence of decedent 10s. stateMd 10b. coun	τγ		10c. CITY, TO	WN OR LOCA	Balto. C	Sity			INSIDE C LIMITS?		
FUNERAL	100. STREET AND NUMBER 519 S. Washing	ton St.			10	21231		10g. Ci	U.S			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	TAL STATUS 12. WAS DECEDENT EVER FORCES? 1 4-YE IF YES, GIVE WAS TOR					PANIC ORIGIN? (Specify Yea or No-lean, Puerto Rican, etc.) 14. RACE — American, etc.) Specify: White,					
PLETED		15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5+)			AL OCCUPAT done during in ired.)	nost of working	16b. KJ	Printing CO.				
E COMPL	17. FATHER'S NAME (First, Middle, Last) Herman	t			18. MOTHER'S NA	-	die, Meiden Surname)					
10 18	190. INFORMANT'S NAME (Type/Print) Tom Stone		19			and Number or Rural		City or Town, State, 2	(ip Code)			
	20e METHOD OF DISPOSITION 1 G Burlai 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Btate	20b. PLACE	of disposition	ns Cei	emetery, cremetory or	n. 20c. LOCATION — City or Town, State Garrison Forrest					
	21. SIGNATURE OF FUNERAL SERVICE WICENSEE 22. NAME AND ADDRESS OF FACILITY Charlton F. H. 2007 Eastern Ave. Balton P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H. 2007 Eastern P. H.											
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSE	QUENCE OF):	u _							
MEDICAL CE	PERFORMED? 1 Ures 2 NO									VERE AUTOP! MAILABLE PR COMPLETION OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 patient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 6 Other (Specify)											
D BY PHY	27. MANNER OF OEATH Natural 6 Pending Investigation 2 Abcident 3 Suicide 6 Could not be 28e. DATE OF INJURY At home, farm, street, factory, office 28f. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCU									ute Number,		
TO BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) MEDICAL EXAMPLE. On the being of example on any investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. See, SIGNATURE AND TOLEGO CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day.											
TO BE	30. AME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	HIG COMPLETED CAUSE	Rohat	EM 27) (Syps, Pr	m)	D379	und	und,	6-2	o -c		

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	DECEDENT'S NAME (First, Middle, Linst) LONDON	REAVES	JR.	2. DATE OF DEATH DAY 6-18-90	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1	□ F 57 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-18-32	BIRTHPLACE (State or Foreign Country) N . C .				
TOR	9e. FACILITY NAME (If not institution, give street and nu 2216 BROOKFIELD RESIDENCE OF DECEMENT		BALTIMORE		UNTY OF DEATH				
FUNERAL DIRECTOR	10e. STREET AND NUMBER		I MORE, CITY		10d. INSIDE CITY LIMITS? 1 V YES 2 NO TIZEN OF WHAT COUNTRY?				
IERA	2216 BROOKFIELD AV	Ε.	2121		USA				
B	Name Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 YNO B, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicar 1 YES 2 NO Specify	, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 t h College		BUAL OCCUPATION & done during most of working setired.) ABLED	16b. KIND OF BUSINESS/IN	DUSTRY				
BE CON	17. FATHER'S NAME (First, Middle, List) LONDON REAVES	SR.		SCURLOCK					
TO B	190. INFORMANT'S NAME (Type/Print) RUTH ALSTON	ROUTE	DDRESS (Street and Number or Rural F						
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramoval from 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITI	JRN CEMETERY	BALTI	- City or Town, State MORE, MD.				
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE	Vellenis	WM.C. MARCH		E. NORTH AVE.				
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cerdiec or reepiretory errest, ehock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) DUE TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Performed? 1 Yes Two 1 Yes Two								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
	27. MANNER OF DEATH 288.	DATE OF INJURY (Month, Day, Year) 28b. TIME (INJURY INJURY)	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY O	CCURED				
TED BY	2 Accident	PLACE OF INJURY — At home, ferm, stre- building, etc. (Specify)	eet, factory, office	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,				
COMPLETED	one)	ne best of my knowledge, death occurred basis of examination and/or investigation,							
BE	29b. SIGNATURE AND TITLE OF COMMISSION OF A LOCAL STATE OF COMMISSION OF	Tho	29c. LICENSE NUM D /300	011	ATE SIGNED (Morith, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO COMPYED TO PORTER SE	TED CAUSE OF DEATH (ITEM 27) (Type, P		SUITE ZOZ BE	ALTO HOZICOI				
	31 MIE HIED (MODE CO) HOOT STANKE 32.	REGISTRAR'S SIGNATURE							

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31, DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring

2600

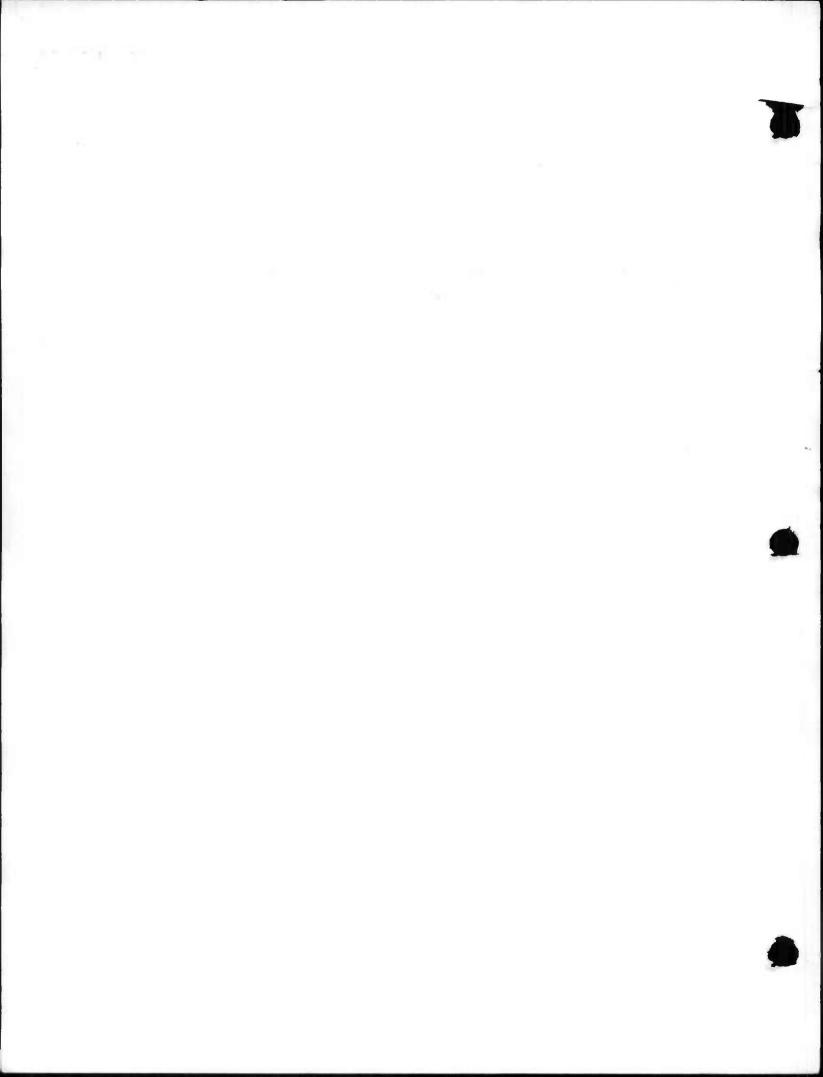
32. REGISTRAR'S SIGNATURE

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 3. TIME OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROGER МОМТН 0 SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or IF UNDER 1 YEAR IF UNDER 24 HRS. 50. S 1 XM 2 - F -4-2 9c, COUNTY OF DEATH 9b. CITY, TOWN OR LQCATION OF DEATH ME DIRECTOR CEDENT RESIDENCE OF 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER WHAT COUNTRY? 10f. ZIP CODE 10g. CITIZEN OF 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marri BY kick 3 Widowed 4 Olvorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME /First, Middle, Last, 18. MOTHER'S NAME (First Middle Maiden Surname) 0 9013 BE. 2120 19b. MAILING ADDRESS A Zip Code 9 43 METHOD OF DISPOSITION 20b. PLACE OF DIS 20c. LOCATION - Ch 2 Cre nation 3 - Re EM □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. NAME AND ADDRESS OF FACILITY 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Finei disease or condition recuiting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST shows any injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: 1 - YES 2 NO etlent 2 ER/Outpatient 3 DOA 4 🗌 Nu g Home 5 - Residence 8 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO BY Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED Could not be 4 Homicide determined IMPORTANT: If item 28 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE 26 mil 0



BALTIMORE, MARY

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPUNIANT: IN THEM 20 IS MARKED, OF HEM 23 SHOWS ANY INJURY, OF CHIEF DAMMAND STORES EXCHINGE HOST OF HUNDER OF HUNDE.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	A DATE OF DEATH

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH				
	RENA MAE	SCOTT		6 1					
1			INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)				
	267-34-6350 1□M2Ø3€	73 YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year) 3 - 2 - 17	GA.				
_	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEATH				
OR	2104 SIDNEY AVENUE		BALTIMORE CI	LTY					
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY, TO	WN OR LOCATION		10d, INSIDE CITY				
DIRECTOR	MD	BALT	IMORE, CITY		LIMITS?				
	10e. STREET AND NUMBER	7,72	10f. ZIP CODE	- 1	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	2104 SIDNEY AVE.		21230		USA				
5	11. MARITAL STATUS 12. WAS DECEDENT I	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN						
BY F	1 Never Married 2 Married IF YES, GIVE WAR	OR DATES	If yes, specify Cuban, Maxica 1 YES 2 NO Specify		Specify: BLACK				
		The state of the s							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY				
ا ڐ	Elementary/Secondary (0-12) College (1-4 or 5 +)		TECHNICIAN						
8	17. FATHER'S NAME (First, Middle, Last)	MONSTNO		ME (First, Middle, Maiden S	Sumame)				
	GUY CLARK		N/A	, , , , , , , , , , , , , , , , , , , ,					
BE	19a, INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural F						
٩	JOSEPH SCOTT	2104 S	IDNEY AVEB	ALTIMORE	, MD 21230				
	20e. METHOD OF DISPOSITION 1)C Burlel 2 □ Cremetton 3 □ Removal from State	20b. PLACE OF DISPOSITIO	N (Name of cemetery, cremetory or RN CEMETERY	20c. LOC	ALTIMORE, MD				
	4 Donation 5 Other (Specify)	MI: AUBU			ALIIMUKE, MU				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY					
	House Cond		WM.C.MARCH	F.H. 1101	E. NORTH AVENUE				
	23. PART I. Enter the diseases, or complications that a shock, or heart fallure. List only one cause		enter the mods of dying, auc	h aa cardlec or reepin	etory arreat, Approximata Interval Batween				
ı	IMMEDIATE CAUSE /Final				Onset and Death				
	disease or condition	CANCER	Mi xed Dm	all Cell and	Adenocase own + months				
	DUE TO (C	R AS A CONSEQUENCE OF): '							
CERTIFICATION	Sequentially list conditions, DUE TO (C	R AS A CONSEQUENCE OF):							
B	If any, iseding to immediate cause. Enter UNDERLYING				ļ				
Ĕ	that minared events	R AS A CONSEQUENCE OF):							
	reaulting in deeth) LAST								
	PART II. Other significant conditions contributing to d	esth but not resulting in ti	ns underlying causa given in						
CAL	Dysphasia with Heigh	+ loss se	conds to	PERFORI	COMPLETION OF CAUSE				
	Essehoten Como	mon from	LUNG CANCE	a	OF DEATH?				
2	- Jan Coope								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	eck only one)					
SIC			THER: Nursing Home 5 Residence	8 Other (Specify)					
E	27. MANNER OF DEATH 28a. DATE OF II (Month, Day			28d. DEŞCRIBE HOW IN	JURY OCCURED				
В	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	INJURY — At home, farm, street. (Specify)	t, factory, offica	28f. LOCATION (Street as City or Town, State)	nd Number or Rural Route Number,				
U 200 CERTIFIE									
MP	(Check only one) 2 MEDICAL EXAMINER: On the best of axe								
	290. SIGNADORE AND TITLE OF CERTIFIERS	7/	29c, LICENSE NUI		29d. DATE SIGNED Month, Day Morth				
BE	Alum all	Elwar	1 3/	MBEH /	· 6/18/90				
2	30 MAN AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pri	10)	001	0/10/10				
	Russell & Selucation.	3001 5.4	ANOVER ST	h Batton	ore, 12d, 21230				
	31. DATE FILED (Month, Dey, Year) 12. REGISTAN	LUNTURE							
J	DI 21 1930 Garagan	7120934							

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the bospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funerable within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

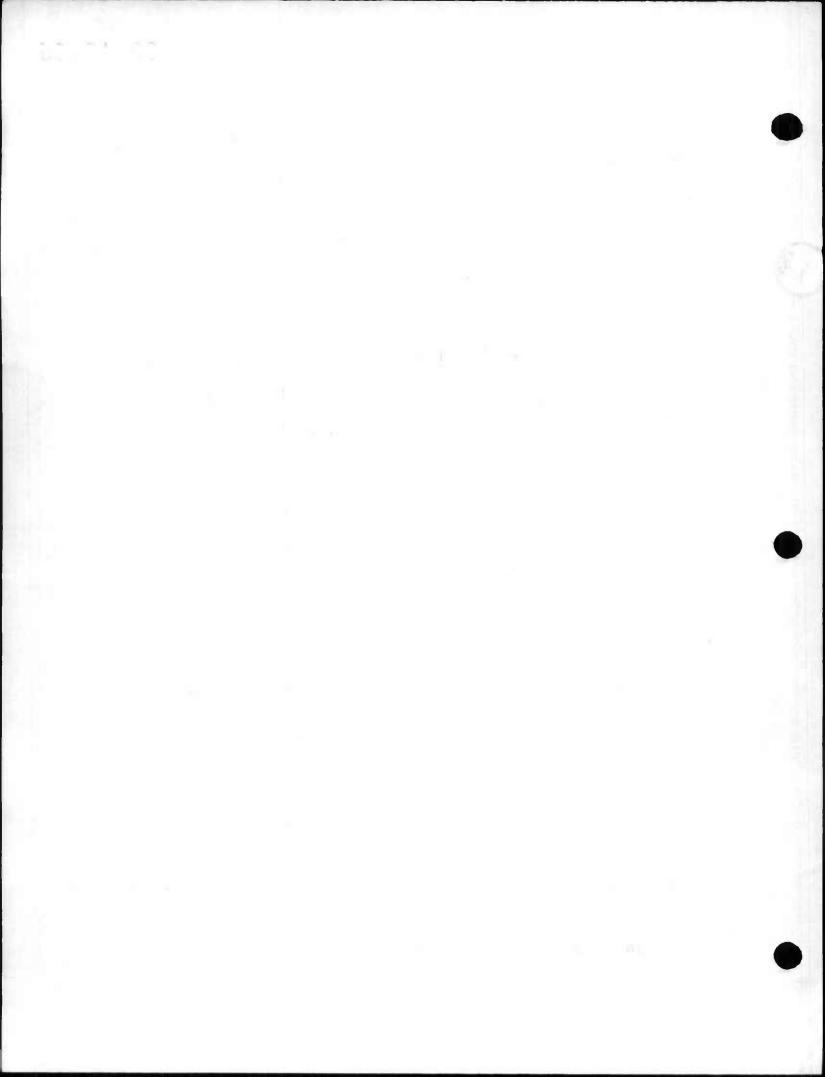
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. I	NO.		
	1. OECEDENT'S NAME (First, Middle, La: ROCCO J	ohn Sovero	, Sr.				2. DATE OF DEATH	T 990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 098-10-1333	5. SEX 1 M 2 F	6. AGE (in yrs. last i	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	15	Countr	IPLACE (State or Foreign V) EW YOLK
TOR	90. FACILITY NAME (If not institution, given 1210 Francis in residence of decement	-		96. CITY, TOWN Halet	or location of de horpe	EATN		Bc. COUNTY OF OEATN Baltimore		
FUNERAL DIRECTOR		altimore		10c. CIT	Y, TOWN OR LOCAL	hörpe				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 1210 Francis	Avenue			10	or. zip conf 21227		10g. C(USA of V	WHAT COUNTRY?
B	11, MARITAL STATUS 1 Never Married 2 Merried 3 Divorced		TEVER IN U.S. ARM VES 2 NO AR OR DATES		If yes, s	CENDENT OF NISPAN pecify Cuban, Mexico S 2 NO Specify	n, Puerlo Rican, atc.	Yes or No-	Bisci	E — American Indian, k, White, etc.
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give	kind of Do NOT u	usual occupat work done during m se retired.)	ION lost of working	16b. KIND OF		IDUSTRY	
Tr. FATHER'S NAME (First, Middle, Linst) John Sovero Theresa Ta										
5	196. INFORMANT'S NAME (Type/Print) Mrs. Rose M.	Sovero				end Number or Rural	Haletho		(ip Code)	21227
	20s. METNOO OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ R		20b. PLACE O	F DISPO	SITION (Name of c	emetery, cremetory or	20c	LOCATION -		
	4 Donation 6 Other (Specify)		Mead	Owr:		orial Par				Maryland
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	e.	Jn.		NO ADDRESS OF FA				
Ċ	29. PART L'Enter the diaeases, ahock, pr heart fallu IMMEDIATE CAUSE (Finel disease pr condition resulting in daeth)	aa	se on each line.	5	mue 6	ode of dying, suc	h ss cerdiac or re	espiratory s	rrest,	Approximats interval Between Onset and Daath
PERFORMED? 1 YES 2 NO OF DEATH?										
								D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF OEATH (C)	neck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	DOA	OTHER: 4 Nursing No	me 5 🗆 Residence	6 Other (Specify)			
BY PH	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigati	28a. DATE OF (Month, D		28b. Till IN	JURY V	JURY AT YORK? YES 2 NO	28d. OEŞCRIBE NO	OW INJURY O	CCUREO	
	3 Suicide 6 Could not	be building,	F INJURY — At hore atc. (Specify)	ne, farm,	street, fectory, of	les	261. LOCATION (St City or Town, S		per or Rural	Route Number,
Sinches 6 Could not be determined building, stc. (Specify) 29e. CERTIFIER (Check only MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.									(s) end manner ee stated.	
TO BE C	286. BIGNATURE AND TITLE OF CENT	24				Po7	249	•	6/2	(Month, Day, Year)
-	ST. Agrees Hos	petal	700 Ca	(Typ	o, Print)	Balto	. MD	2/2-	29	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	A SHEVERE							

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with: Jurs after death, Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as *** burnariament be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	notified at once.
BALTIMORE, A	ours after death. Page 6 may be	I in by the funeral director, page or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		ation, (the
13146,	acuted with	and complete burial, crem	atic event,
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.O.	th certific	ending pl	or othe
S, F	the dear	the att	Injury,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for a filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	shows any
AL F	he law	e has b	m 23
VIT	CIAN: T	ortificate the Stat	or Ite
OF	PHYSIC	this ce	irked,
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IVIS	R ATTE	NECTOR urs afte	m 28
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	HOSP	FUNE	TANT
	THE CH	THE fied	IMPOF

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Calvin	C. Scott	02.1111.10	7.1.2 01	<i>D</i> 27111	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
			s. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	6 19 9 7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign	
	250 26 8328	× M 2 □ F 66	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		ontry)	
	9a. FACILITY NAME (If not institution, give street	t end number)	98	. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF		
DIRECTOR	909 Sutton	Place ZI	201	Balt	imore				
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY	
듬	Md.		Ba	ltimo	re			1 YES 2 NO	
IAL	100. STREET AND NUMBER			10	, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	909 Sut							ISA	
F	11. MARITAL STATUS 1. Never Married 2 Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 1 YES 2	□ NO	If yes, sp	ecity Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	Bla	CE — American Indian, ack, White, etc.	
B	3 Wildowed	IF YES, GIVE WAR OR DATES WWII		1 TYES	NO Specify	<i>r</i> :		ecity: ack	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION 164 mpleted)	DECEDENT'S US	done durina mo	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)					
OMP	17. FATHER'S NAME (First, Middle, Last)	5	LIDY	arian		ME (First, Middle, Maiden		ol System	
	Whitman	Scott				da Whit			
BE (19a. INFORMANT'S NAME (Type/Print)	BCOLL	19b. MAILING AD	DRESS (Street of		Route Number, City or Town			
2	Marie D:	ingle	226	Sto	necrof	t Rđ.	21229		
	20e, METHOD OF DISPOSITION 1 ABurial 2 Cremetion 3 Remove	20b. PL	er place)		metery, crematory or		CATION — City or	Town, Stata	
	4 Donation 6 Other (Specify)	iese	Ga:		Fores		ngs Mi	lls, Md.	
	THE OF FORENAL SERVICE LICER	morton				orton & S	ons		
	Jame 1.					ns St. Ba			
	23 PART I. Enter the diseases, or cor shock, or heart fellure. Lie	nplications that ceused the it only one cause on each		enter the mo	ode of dying, suc	h ss cerdlec or respi	ratory srrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	00001		00	mean)			Onset and Death	
	resulting in death) a	DUE TO (OR AS A CO	NSEQUENCE OF):	, ca	inco			Imos	
z	" has the state of the state of	No. at a sale	4 . 5.3	Spirite Land					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	NSECTIENCE OF						
Ē	that initiated events resulting in deeth) LAST								
	d.								
AL	PART II. Other significent conditions	contributing to death but i	not resulting in	the underlyin		OCOCOC		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Chemothe	erapy (poss	ibel)q	iven	6-14-9	1 D YES 2	10	OF DEATH?	
						-		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (Ch	eck only one)			
SIC		HOSPITAL:		THER:	ne & Residence	6 Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	OF 28c. IN.	JURY AT ORK?	25d. DEŞCRIBE HOW I	NJURY OCCURED		
ВУ	14 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, offic	office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ET	non commercia	1							
COMPLET	(Check only	AN: To the best of my knowledg On the basis of examination en						na(a) and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER			, -	29c. LICENSE NU	AND THE PARTY OF T	11-5-5-1-5-2		
BE		Conley 1	UD		D 267		b 6-	1ED (Month, Day, Year) 20-90	
5				rint)		0		0 11	
	Barbara A. Con	ley MD. U	niv Md	· Cano	ier Ctr	225.41	eene Si	- Balto 2120	
	31. DATE FILED (Month, Day, Year) JUN 2 1 1990	32 REGISTRAR'S SIGNATU	RE						
	30112 1 1890	Janu war agon-	Lashane						



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 2120
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	fter death. Page 6 may be retained by the hospital or a
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has each with the State heart of the Mental Horiere prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for us oval.
IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CI	ERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)							OF DEATH		WEAR.	3. TIME OF DEATH
WILLIAM	E.	STAH	LER			Jun	ie 17,™		YEAR	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	1330		IPLACE (State or Foreign
212-03-3495	1 M 2 F	77	YRS.	ONTHS DAYS	HOURS MIN.		1-191	2	May	ryland
9e. FACILITY NAME (If not institution, give s	^		- 1	b CITY TOWN	OR LOCATION OF OR		1-131		ITY OF O	
7608 Poplar Rd.				Dund					timo	
10e. STATE 10b. COUNTY	r		10c, CITY, 1	TOWN OR LOC	ATION					10d, INSIDE CITY
	timore			ndalk						LIMITS?
7608 Poplar Rd. 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21222 U.S.A.										
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR	MED NO	If yes, s	ECENDENT OF HISPAN specify Cuben, Mexica S 2 X NO Specifi	in, Puerto R		or No-	14. RACE Biack	- American Indian, k, White, etc.
3 Wildowed 4 Divorced		WIT OIL DATES		1	is a popular	<i>y</i> .			Ороск	" WIII LE
15. DECEDENT'S EOU (Specify only highest grade	completed)	(G	CEDENT'S US	SUAL OCCUPAT it done during in retired.)	TION nost of working	18b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12) 8 yr i S	College (1-4 or 5	+)	llwrig			В	Bethle	hem S	iteel	l Corp
17. FATHER'S NAME (First, Middle, Leat)				-	18. MOTHER'S NA	ME (First, N	liddle, Maiden	Surname)		
George Herm	nan	St	ahler		Doro	thy		Wi	lker	rson
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING AI	DORESS (Street	t end Number or Rural	Route Numb	er, City or Town	n, State, Zip	Code)	
Karen R. Long			1005	Lakemo	ont Rd.	Balti	more.	Md. 2	1228	3
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from State	other of	OF OISPOSIT	ION (Name of c	emetery, cremetory or		20c. LO	CATION —	City or To	wn, Slate
4 Donetion 5 Other (Specify)	_	_ Mead	owridg	<u>je Memo</u>	orial 6/20	0/90	Doi	rsey,	Mar	ryland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				AND ADDRESS OF FA		Uomo d	of Du	ndal	k Inc
blesc	P. C	Low	. Ren		Ruck Fund Wise Ave					222
23. PART I. Enter the diseasee, or ehock, or heert fellure.	complications the List only one car	et caused the de	eth. Do not	t enter the m	node of dyling, suc	h as card	lac or respi	ratory em	est,	Approximate Interval Between
IMMEDIATE CAUSE (Finel	_									Onset end Death
disease or condition resulting in deeth)	P	-057	a/R		auce	- m	2/0	sta	Tre	
recording in deetsiy		(OR AS A CONSE	OUENCE OF):							
Sequentially list conditions,	b	10		304.	e					
If any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	OUENCE OF):							i
CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CONSE	OUENCE OF):							+
resulting in deeth) LAST	d.									
PART il. Other eignificant condition	ns contributing to	deeth but not	resulting in	the underly	ing couse given in	Part i.	24a, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
							PERFOR	1 -		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES 2	NO NO		OF DEATH?
										1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20	PLACE OF DEATH (C)	hack only co	e)			
EXAMINER?	HOSPITAL:			OTHER:	1/					
1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2	ER/Outpatient	28b, TIME	Nursing H	ome 5 Residence	_	(Specify)	N ILIDY AC	CHEEC	
1 Natural 5 Pending	(Month, I	Day, Year)	INJUF	RY	VORK?	280. DES	CHIBE HOW I	NJUHT OC	COMED	
2 Accident anvestigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At he	ome, farm, atn	eet, factory, of	fice		ATION (Street or Town, State)		or Rural i	Route Number,
4 Homicide determined	bullding	, etc. (Specify)				City	or rowrit, Statte)			
(Check only					ite end place, end du					e) and menner as stated.
				my opinaon		- 12-2-1117-1	Prace, at			. Let
296. SIGNATURE AND TITLE OF CERTIFIE	Forl	ah	M	0	P27	MBER 3	8	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAL	ISE OF OEATA (ITE	M 27) (Type, P	Print)						
		ryland G	eneral	Hosp	ital					
31. OATE FILEO (Month, Day, Year)		AR'S SIGNATURE	1							
JUN 2 1 1990	grotia Day	idson-Rand	A i						-	OHMH-16 Rev 1/8

BALTIMORE, MARYLAND 21203

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ne law requ	has been s	Dept. of h	n 23 show
N: The law requ	icate has been a	State Dept. of h	item 23 shows
SICIAN: The law requ	certificate has been a	the State Dept. of h	, or item 23 shows
PHYSICIAN: The law requ	this certificate has been a	with the State Dept. of h	ked, or item 23 shows
NG PHYSICIAN: The law requ	fler this certificate has been a	eath with the State Dept. of h	marked, or item 23 shown
ENDING PHYSICIAN: The law requ	R: After this certificate has been it	ter death with the State Dept. of H	3 is marked, or item 23 shows
ATTENDING PHYSICIAN: The law requ	ECTOR: After this certificate has been a	rs after death with the State Dept. of H	n 28 is marked, or item 23 shows
, OR ATTENDING PHYSICIAN: The law requ	DIRECTOR: After this certificate has been it	hours after death with the State Dept. of H	Item 28 is marked, or item 23 shows
PITAL OR ATTENDING PHYSICIAN: The law requ	FRAL DIRECTOR: After this certificate has been a	n 72 hours after death with the State Dept. of H	It If Item 28 is marked, or Item 23 shows
HOSPITAL OR ATTENDING PHYSICIAN: The law requ	FUNERAL DIRECTOR: After this certificate has been it	within 72 hours after death with the State Dept. of H	fANT: If Item 28 is marked, or Item 23 shows
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON

1 AY DON

31. DATE FILED (Morty, Day, Year)

JUN2 1 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

											90	1686/
	FOR 1 - STATE REGISTRAR	STATE OF N					IEALTH AND I	MENTAI	HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	NY.	YEAR 3.	TIME OF DEATH
			OD BERNA		HIF	.ETT		JUN	E 17.	1990		м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
	220-05-4604	1 M 2 D F	79	YRS.					4-191		VIRG	
_	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY		OR LOCATION OF DE			9c. COUI	NTY OF OEAT	н
DIRECTOR	FRANCIS SCOTT K	EY MEDICA	L CENTE	2]		BAL	TIMORE C	ITY				
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	r		10c. CITY	r, TOWN (OR LOCA	TION		_		10	d. INSIDE CITY
#	MARYLAND BA	ALTIMORE					EDGEMERI	F			1	LIMITS?
الا	10e. STREET AND NUMBER	CETTIMONE		1		10	. ZIP CODE			10g. CITI	ZEN OF WHA	, , ,
EB	2119 SPARROWS PO	THE ROAT)				212	19			U.S	A
BYFUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR				ENDENT OF HISPAN	NIC ORIGIN		or No-	14. RACE -	American Indian, hite, etc.
*	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	Ю			ecify Cuban, Maxica 2000 NO Specify		ilcan, atc.)		Specify:	nita, etc.
			-									WHITE
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade		(Gi	CEDENT'S we kind of w Do NOT us	vork done		DN ost of working	16b	KINO OF BUS	SINESS/INC	USTRY	
ايا	Elementary/Secondary (0-12)	College (1-4 or 5 -	·)			/TD		,	TT111 T1	UTIL C)-T-7 (CARR
×	3RD GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A	1 5	TEEL	WORK	EK	18. MOTHER'S NA		SETHLE!		HEEL	CORP
		LTT					The state of the s			Surremey		
H	BERNARD S. SHIF	EII	191	L MAILING	ADDRES	S (Street	MARY and Number or Rural			n. Statu. Zir	Gode)	
2	VERONICA B. SHI	ELETT				. 7.7.	S POINT 1		BALT			21219
	20s, METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rem		20b. PLACE	OF DISPOS			metery, cremetory or					
	1)() Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	ROD GA	aca)			CEM. ASS				VIRG	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	TION OF	11 - 1	22.	NAME A	ND ADDRESS OF FA	CILITY				
	5000	Can.	0				-RUCK FUI					
	23. PART I. Enter the diseases, or	nomolications the	t coursed the de	eth Do s			WISE AV	_		_		1222 Approximate
	shock, or heart failure.				iot enter	the in	de or dying, auc	ii as car	nac or respi	natory an	lest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	w/ 11.1	carchal	Lin	:	- 10.0						Onset and Death
	resulting in death)		OR AS A CONSE			CAAL						
_	_		(V.							İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSEC	QUENCE O	F):							
¥.	cause. Enter UNDERLYING	chipo	mic ob	shu	ctu	P -	pulmma	M	di sec	14		
Ĕ	CAUSE (Disease or injury that initiated events		(OR AS A CONSE			-						
H	resulting in death) LAST	d. Mesol	helwma									
-	PART II. Other algnificant condition	ns contributing to	death but not r	neulting	in the u	nderlyln	a cause alven in	Part I	24e. WAS AN	ALITOPSY	24b W	ERE AUTOPSY FINDINGS
S	TAIT II. OHIO AGIINOCHI OOIIGAA	To contain the same of the	double but not i	osoiting !			g vadeo given in		PERFOR	RMED?	- Al	MILABLE PRIOR TO OMPLETION OF CAUSE
ă									1 TYES 2	NO	0	F DEATH?
Σ						-					1	YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26.0	LACE OF DEATH (C/	book only o	an)			
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	2000	OTHE	R:						
H	27. MANNEB, OF DEATH	28a. DATE Of		28b. TIM			JURY AT		CRIBE HOW	NJURY OC	CURED	
7	1 Natural 5 Pending	(Month,)	Day, Year)	INJ	M	W	YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	OF INJURY — At he	ome, ferm,	street, fac	tory, offi	DO .		ATION (Street		r or Rural Rou	te Number,
TEL	4 Homicide determined	bunding.	, etc. (Specify)					City	or Town, State)			
J.	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge. de	ath occum	ed at the	time, dat	a and place, and due	e to the ce	use(a) and ma	nner aa sta	ted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMIN											nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NU					lonth, Day, Year)
B	dlani	am m	10				W 351				6-20.	
5	30, NAME AND ADDRESS OF PERSON W						0001	-			y W	

LETED CAUSE OF DEATH (ITEM 27) (1/100, Print)

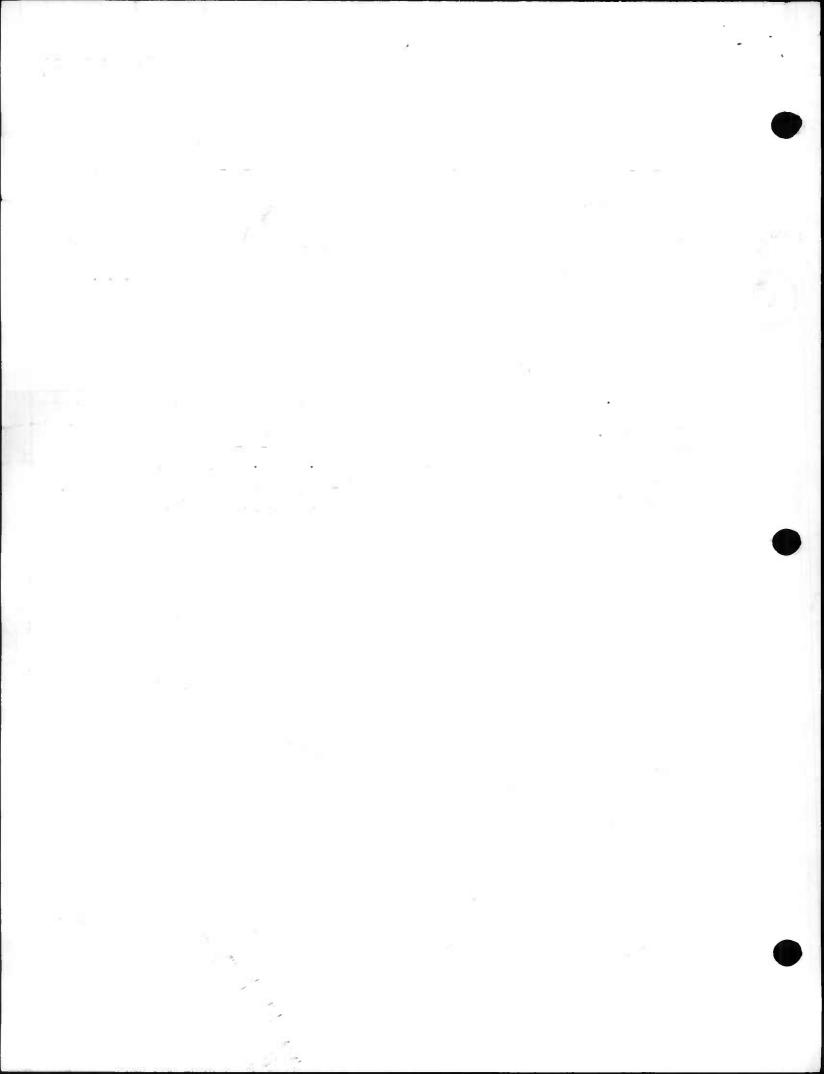
) 1576 MEW 32. REGISTIAN'S SIGNATURE LIA DAVIDSON-MONDE

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	1 _ SIAIE	STATE OF N	MARYLAND /		ITMENT								
	1. DECEDENT'S NAME (First, Middle, Lost)	LYNN	Suga	y.	ICATE	- OF	DEAI	П	2. DATE OF	DAY	Q 1	990	3. TIME OF DEATH 6.50 A M
	4. SOCIAL SECURITY NUMBER 5	SEX	6. AGE (In year less		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De JAN.	BIRTH y, Ybar)	974	8. BIRTI	HPLACE (State or Foreign
OR	98. FACILITY NAME (If not institution, give street 8326 STREAMWOOD D RESIDENCE OF DECEDENT				9b. CITY		R LOCATION		PATH 9c. COUNTY OF DEA				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	BALTIMO	ORE	10c. CIT	Y, TOWN O		ON [MORE	3				10d. INSIDE CITY LIMITS? 1 YES 241 NO	
FUNERAL	100. STREET AND NUMBER 8326 STREAMWOOD D	DR.			101. ZIP CODE 21208					SA	WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 XXever Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. ARI YES 2 N WAR OR DATES		If yes, specify Cuban, Mexican, Puarto Rican, etc.) Black, White, etc.					k, White, etc.				
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade cor Elemegtary/Secondary (0-12)		(Gi	ve kind of Do NOT u	work done se retired.)	CCUPATIO	N It of workin	g		SCHOO		IOUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) DR. STEVEN IRA SU				18. MOTH		ME (First, Midd MA WIS		Sumame)				
TO E	198. INFORMANT'S NAME (Type/Print) MRS. EMMA SUGAR 208. METHOD OF DISPOSITION			3326	STR	EAMW	DOD I	R.	BALTO	., MI	0	2120	8 own, Stata
	Buriel 2 Cremetion 3 Remove Donalion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	PROG	RESS	IVE J	BENE NAME AN SOL I	D ADDRES	REI SON		SSOC	R INC.	ANDA	LLSTOWN, MD
Z	II.	CARDI	t caused the de use on each line of ULM	B AA	RY OF):	the mo	de of dyi	kS	h as cardled	or respl			Approximate Interval Between Onset and Daath 5 m i J
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. CENTRAL APNEA JO YR LETT (YND ROME C. RETT (YND ROME) DUE TO (OR AS A CONSEQUENCE OF): d.												
4: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
PHYSICIAN:		IOSPITAL:	☐ ER/Outpetfent 3	□ DOA	OTHE 4 No	R:			6 Other (S	necliv)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF		28b. TII		28c, INJ WC			28d. DESCR		NJURY O	CCURED	
ETED	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he , etc. (Specify)	me, farm,	street, fec	story, offic				DN (Street a lown, State)	and Numb	per or Rural	Route Number,
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:						eath occur	red at the	time, data an		d dua lo	the cause	
290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Morath 6 / 8/							(Month, Day, Year)						

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	sections and the section of the sect
SPI	NER.	
EXC	E E	1
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2	2 3	

	REGISTRAR 1. DECEDENT'S NAME (First,	Middle_Last)		C	ERTIFIC	CATE OF	DEA	TH	2. DATE	REG. NO.		3. TIME OF DEATH
		Ros	se.	S	Klai	2			June 18 1990			90 10 am
	4. SOCIAL SECURITY NUMBER 233-12-	1212	5. SEX 1 M 2 F	6. AGE (In yrs. In:		ONTHS DAYS	HOURS	MIN.	7. DATE (Month)	Dey, Year)		BIRTHPLACE (State or Foreign Country) Mary lance
R	9a. FACILITY NAME (If not in	stitution, give st	treet and number)	K HA	96. CITY TOWN OR LOCATION, OF DEATH					9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,	00 110	10c. CITY, TOWN OR LOCATION					BALTIMORE 10d. INSIDE CI		
DIRE	MARYLAND	102. 000111	BALTIMO	RE	100.0111,		TIMO	DRE				LIMITS?
FUNERAL	10e. STREET AND NUMBER			-		16	r. ZIP COL				10g. CITIZEN	OF WHAT COUNTRY?
JNE	3518 LANGRI	EHR RD	12. WAS DECEDEN	IT EVER IN U.S. AI	AMED	13. WAS DE		21207 OF HISPA		? (Specify Yes	USA 1 or No — 14.	RACE - American Indian.
ВҰ	1 Never Married 2 X 3 Widowed 4 Divo	YES 2X	NO	If yes, s		en, Mexico	an, Puerto R			Black, White, etc. Specify: WHITE		
TED	(Specify only	EDENT'S EDUC y highest grade	completed)	(0	ECEDENT'S U Sive kind of wo	SUAL OCCUPAT	ION ost of work	dng	16b.	KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	HOUSE					AT H		
BE CO	17. FATHER'S NAME (FIRST, M SAMUEL HARI						16. MO			Madde, Malden	2.00%	
TO B	MR. IRVIN			19		LANGRI					n, State, Zip Co BALTO	
	20a. METHOD OF DISPOSIT 1 X Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	ovel from State	other p	(ace)	TION (Name of co	emetery, cre	ematory or		20c. LO		or Town, Stata
	21. SIGNATURE OF FUNERA		CENSEE ()	- 1 <u>- E</u> C	DRBAND	22. NAME /						LE, MD
	toe	1 8	17	wis		1					, INC.	
LION	shock or h IMMEDIATE CAUSE Fit disease or condition resulting in dealth Sequentially list condit If any, leading to imme	nel	244	OR AS A CONSE	OUENCE OF	عمالك	Ca	م	e de	e.	Des	Interval Between Onest and Deatl
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing dry	c. DUE TO	O (OR AS A CONSE	OUENCE OF	ell.	فالاع					
PHYSICIAN: MEDICAL	PART II. Other algnifica	int condition	a contributing to	death but not	reaulting in	the underlyi	ng cause	given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
CIAN	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			25, I	PLACE OF	DEATH (C	heck only on	16)		
IXSI	1 YES 2 NO			F INJURY		Nursing Ho	ma 6 D I	Residence	-		INJURY OCCUP	esn
ВУ Р		Pending Investigation		Day, Year)	INJU	JRY V	YES 2	□ NO	260. DES	JOHIBE HOW		160
1 44	3 Suicide 6 4 Hornicide	Could not be determined		OF INJURY — At h , atc. (Specify)	ome, farm, st	reet, factory, off	ice			ATION (Street or Town, State		Rural Route Number,
TED				f my knowledge, d	leath occurre	d at the time, da						
	onel only			examination and/or	Investigation	, in my opinion,	death occ	ured at th	e time, deta	and place, a	nd due to the c	sause(s) and manner as stated.
	(Check only	DICAL EXAMINE	ER: On the basis of	axamination and/or	r investigation	n, in my opinion,		CENSE NU		and place, a		IGNED (Month, Day, Year)
TO BE COMPLETED B	(Check only one) 2 MEE	E OF CERTIFIE	ER: On the basis of	hM	>					B B		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIFI	CALE	IF DEA	IH	REG. NO	O	
1. DE	CEDENT'S NAME (First	Middle, Lest)	Ck_1	EE ER	NEST SC	HNECK		2.	DATE OF DEATH	13	90 3. TIME OF DEATH
-	9-14-7981	DER	5. SEX	6. AGE (In yo	s. lest birthday) YRS.	IF UNDER 1 YEA		R 24 HRS. 7.	OATE OF BIRTH (Month, Day, Year)	1923	8. BIRTHPLACE (State or Foreign PENNSYLVANIA
-	OOD SAMAR	ITAN HO						E CIT			TIMORE CITY
10a.	STATE ARYLAND	10b. COUNTY	MORE CIT	ΓΥ	10c. CITY	TOWN OR LO		ITY			10d. INSIDE CITY LIMITS? VEN YES 2 NO
	STREET AND NUMBER	STREET					101. ZIP COC 212				S.A.
	Never Married 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	AR OR DATES	3	If yes		an, Mexican, F	ORIGIN? (Specify Y Puerto Rican, etc.)	es or No—	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE
8 17. F/	(Specify onl	EDENT'S EDUC	CATION completed)	16:	Give kind of w	ork done during	ATION most of work	ing	16b. KIND OF B	USINESS/IN	DUSTRY
8	th grade	r	College (1-4 or 5 or 5 or 5 or 5 or 5 or 5 or 5 or	·'	MACHI	NIST				_	G INDUSTRY
17, F/	JAMES N.	SCHNEC	CK					ISIE	(First, Middle, Maide MAY		EIDEN)
198.	MRS. FLORA		SCHNECK			ADDRESS (Str		ar or Rural Rou	te Number, City or To	wn, State, Z	ip Code)
20a, X X 4 O	METHOD OF DISPOSIT Burlet 2 Cremetic Donation 5 Other	TION on 3 - Remo	oval from State		ACE OF DISPOS				4		City or Town, State
21. S	IGNATURE OF FUNERA	L SERVICE LIC	Sau	rag	e				HOME O		OKLYN MORE,MD 21225
Seq If an CAU that	pase or condition uiting in death) quentially list condit ny, leading to imme se. Emar UNDERLY USE (Disease or injuit initiated events uiting in death) LAS	illons, idlete ING ury	SCVD PUE TO	UD AND A CO	INSEQUENCE OF	100	HAR HAM	SEASE!		C CAR CCL/ OCARD FARCT	11100
PAI	TO Other signification of the Color of the C	ant condition	s contributing to	death but i	not resulting i	n the under	lying cause	given in Pe	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. V	MAS CASE REFERRED T	O MEDICAL	HØSPITAL:	- 2 - 1 - 1 - 1	v call. I	OTHER:		DEATH (Check			
	ANNER OF DEATH		26e. DATE OF	INJURY	26b. TIMI	E OF 280	Home 5 □ I INJURY AT WORK?		Other (Specify) 6d. DESCRISE HOV	Y INJURY O	CCURED
2 3	-	Pending Investigation Could not be determined	26a. PLACE (building,	OF INJURY — atc. (Specify)	At home, farm, s			□ NO 2	61. LOCATION (Stree City or Town, Sta		er or Rural Route Number,
290,	CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best o								
	SIGNATURE AND TITU			xamination an	nd/or investigation	n, in my opini		CENSE NUMBE		_	the cause(s) and manner as stated.
	IANE AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF OEATH	(ITEM 27) (Type,	Print)	4 DM	10014	P1101	7	BAITO 2102
31. 0	DATE FILED (Month, Day,		32. REGISTA	a glacette	3001	WU	1147	VUV	wo	1 10	1740 212

STATE C	F MARYLA	ND /	DEPART	IMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	RTIF	CATE	OI	F DEAT	ГН		REG.	NO.

1 - FOR STATE REGISTRAR		STATE OF MARY		MENT OF H			YGIENE EG. NO.			
1. DECEDENT'S NAME (Firs	Rete All Tell	Audrey Ste					5 DAY			
4. SOCIAL SECURITY NUM 213-24-	3073	1 M 2 🛣 F	E (In yrs. last birthday) 91 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 5-2]	1 (1) L -99	Count	ST VA.	
Reed RESIDENCE OF DE					onsboro	EATH	96.00		nington	
10e. STATE MD.	106. COUNTY WASHI			, TOWN OR LOCA KEEDYSV	ON OR LOCATION EDYSVILLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER		OVE ROAD		101. ZIP CODE 21756				10g. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN?				14. RACI Blaci Spec	E — American Indian, k, White, etc.	
	CEDENT'S EDUC ily highest grade (0-12)		16a. DECEDENT'S (Give kind of w illie. Do NOT us HOMEMA	ork done during mo retired.)	DN st of working	16b. KINI	O OF BUSINESS/III	NDUSTRY)ME		
17. FATHER'S NAME (First, I ISRAEL	GETZ				18. MOTHER'S NA MART		, Maiden Sumame, SITES)		
WILLIAM S.				ADDRESS (Street #1	nd Number or Rural	Route Number, C	ity or Town, State, .	Zip Code)		
20a. METHOD OF DISPOSI 1X Burlal 2 Cremati 4 Donatton 8 Other	ion 3 🗆 Remo	wal from Stata	other place of DISPOS ST. LU	KE t S CE			DERWOO			
21. SIGNATURE OF FUNER	AL SERVICE LIC	1 Br	ch.	4	LAYTONS				ILLE,MD.20	
IMMEDIATE CAUSE (Fidease or condition resulting in deeth) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	itions, ediate //ING	DUE TO (OR AS	S A CONSEQUENCE OF):	Lian	-ailu			yen-s	
		e contributing to death				2.1	. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 246	D. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATN? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	utpetient 3 DOA	OTHER:	LACE OF DEATH (C		ectiv)			
27. MANNER OF DEATH	Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 26b. TIM	E OF 28c. IN	URY AT DRK?		BE HOW INJURY	OCCURED		
2 Accident 3 Sutcide 8 Homicide	3 Sutcide 8 Could not be 28e. PLACE OF INJURY — At home, farm, stre- building, etc. (Specify)					281, LOCATIO City or To	N (Street and Num wn, State)	ber or Rural	Route Number,	
anal only		CIAN: To the best of my kn							a) and manner as stated	
296. SIGNATURE AND TITE	E OF CERTIFIEF	OL MO			29c. LICENSE NU				(Month, Day, Year)	
30. NAME AND ADDRESS	OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	DIVISI	ON DR	, 17	AGE Md.	RSY 2	0WN	
31. DATE FILED (Month, Der		32. REOISTRAR'S SI								

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Li	st)						2. DATE OF		VE	AR	3. TIME OF DEATH	\neg
- 1	REBECCA	L.		WOO	DS			MONTH /	197	90 "			м
Ì	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y		R 24 HRS.	7. DATE OF I			BIRTHP Country	LACE (State or Foreign	\Box
ı	212-26-3679	1 🗆 M 2 🖵 F	88	YRS.	MONTHS	AYS HOURS	MIN.	APRIL	11,19	02	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N.C.	
	9a. FACILITY NAME (If not institution, g	,				OWN OR LOCAT				9c. COUNTY	OF DE	ATH	\neg
8	INNS OF EVER				B	ALTIMO	ORE,	MD.					_
5	RESIDENCE OF DECEDENT 10e. STATE 10b. CO			Lana CITY	TOWN OR	OWN OR LOCATION 10d, INSIDE CITY					and the DE CITY	=	
DIRECTOR	M D	NI T				RE, C	TV				- 1	LIMITS?	
	10e. STREET AND NUMBER			DAL	1 1 1101	10f. ZIP COL				10a CITIZEN		AT COUNTRY?	\dashv
RA		DUAV				111 65.715			1	US			
FUNERAL	201 N. BROA		ENT EVER IN U.S. AR	MED	13. WA	S DECENDENT	231 OF HISPAN	IIC ORIGIN? (S	oecify Yea o			- American Indian,	\dashv
	1 Never Married 2 Married	FORCES?	1 YES 2 XI	NO	If y	es, specify Cub	an, Maxica	n, Puerto Rice	n, etc.)		Black, Specify	White, atc.	
B	3 Widowed 4 Divorced	11 720, 0172	Will Oll DAILO		1	120 2 20 110	Openy	•			apacin)	BLACK	
COMPLETED	15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	16a. DE	CEDENT'S	USUAL OCCI	JPATION ing most of work	ina	16b. KII	ND OF BUSI	NESS/INDUST	TRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or t	5 +)	. Do NOT us	e retired.)	ing thouse or work							
MP	3rd			DOME	STIC								_
00	17. FATHER'S NAME (First, Middle, Last					18. MO		ME (First, Midd	lle, Maiden S	urname)			
BE	EDWARD BOGA	, IN					N/A						_
2	194. INFORMANT'S NAME (Type/Print) REBECCA MITO	UCLI				Street and Numb						1010	
		HELL	-			UCH A		RALII	v	ATION - City			\dashv
	20s METHOD OF DISPOSITION 1 D Buriel 2 Cremetion 3 D		other pi	lace)		of cometery, cre				3 311			- 1
	4 ☐ Donation 5 ☐ Other (Specify) . 21, SIGNATURE OF EUNERAL SERVIC		- IME 2 I E	KN 3		CEMET			LAI	01/2/1	LL	E, MD.	\dashv
	120								110	1 E	NI C	RTH AVE	
	Place	up u	Janes	7								NIII AVL	\Box
	23. PART I. Enter the disesses, shock, or heert fello				ot enter th	e mode of d	ying, suc	h es cardisc	: Dr respin	atory srrest	,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel		1									Onset end De	eth
	disesse pr condition resulting in deeth)	a	O OR AS A PONSE	CAM	rece	1						2 unth	5_
		DUE	OR AS A FONSE	OUENCE OF	ጉ):								
NO	Sequentielly list conditions,	b	TO (OR AS A CONSE	OHENCE OF	D.								
	If any, leeding to immediate		TO (OIL NO A CONCE	OULINOL OF	,.								
FA	ceuse, Enter UNDERLYING											1	\dashv
FICATI	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c	TO (OR A6 A CONSE	QUENCE OF	ŋ:								
RTIFICATI	ceuse. Enter UNDERLYING	c	TO (OR A6 A CONSE	QUENCE OF	 ၅:			-					- 1
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c											
AL CERTIFICATI	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c				erlying couse	given in	Part I. 24	III. WAS AN A		24b.	WERE AUTOPSY FINDIN	45.41
DICAL CERTIFICATI	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c				erlying ceuse	given in			MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c				erlying ceuse	given in		PERFORM	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUS	45.41
MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent cond	c						_ '	PERFORM	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
MEDICAL	ceuse. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER?	d	to deeth but not	resulting (in the und	26. PLACE OF	DEATH (Ch	neck only one)	PERFORM	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO	d	to deeth but not	resulting (OT MER:	26. PLACE OF	DEATH (Ch	neck only one) 6 □ Other (S	PERFORM YES 2	NO NO		AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
PHYSICIAN: MEDICAL	ceuse. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER?	d	to deeth but not	resulting (OT MER:	26. PLACE OF	DEATH (Ch	neck only one) 6 □ Other (S	PERFORM YES 2	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH THEURI 5 Pending Investige	d	to deeth but not	3 DOA 28b. TIM	OTHER:	26. PLACE OF 19 Home 5 8c. INJURY AT WORK? 1 YES 2	DEATH (Ch	6 Other (S	PERFORM YES 2	NO NO	RED	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	d	to deeth but not	3 DOA 28b. TIM	OTHER:	26. PLACE OF 19 Home 5 8c. INJURY AT WORK? 1 YES 2	DEATH (Ch	6 Other (S	PERFORM YES 2	NO NO	RED	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
BY PHYSICIAN: MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investige 3 Suicide 6 Could no 4 Homicide 6 Could no 4 Homicide 6 Could no 4 Could	d	to deeth but not C = ER/Outpettern OF INJURY , Dey, Year) E OF INJURY — Al h ng, etc. (Specify)	3 DOA 28b. TIM	OTHER: AND Nursir E OF 2 URY M	26. PLACE OF ig Home 5 Sc. INJURY T WORK? T 1 YES 2 y, office	DEATH (Ch	6 Other (S 28d. DESCR 26f. LOCATI	PERFORM YES 24 Specify) HIBE HOW IN ON (Street at a flown, State)	JURY OCCUP	RED Rural R	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	45.41
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BE COMPLETED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigat 3 Suicide 6 Could not determine 29a. CERTIFIER Check only One) 2 MEDICAL EXA 29b. 6IGNATURE AND TITLE OF CERTIFYING IN COURSE OF PERSO	d	to deeth but not C = ER/Outpetient OF INJURY — Al h of my knowledge, d of examination and/or AUSE OF OEATH (ITH 370	3 DOA 28b. TIM INJ	OTHER: OTHER: Nursir E OF 2 URY M street, fector ed at the tim	26. PLACE OF 19 Home 5 Sec. INJURY AT WORK? 1 YES 2 19, office 19, data and planion, death occ	DEATH (Ch. Realdenca NO	6 Other (S 28d. DESCR 28f. LOCATI City or a to the cause a time, date an	PERFORM YES 24 Specify) HIBE HOW IN ON (Street aire) ON (Street aire) (a) and manual	JURY OCCUP The se stated. If due to the company to	RED Rural R	AMALABLE PRIOR TO COMPLETION OF CAUS DE DEATH? 1 VES PRO Oute Number, and menner as stated (Month, Day, Veer)	HE .
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigate 1 Pending Investigate 2 Pending Investigate 3 Suicide 6 Could not determine 1 Pending Investigate 2 Pending Investigate 3 Pending Investigate 3 Pending Investigate 1 Pending Investigate 2 Pending Investigate 3 P	d	to deeth but not C = ER/Outpatient OF INJURY — Al h ng, etc. (Specify) of my knowledge, d d examination and/or AUSE OF OEATH (ITI	3 DOA 28b. TIM INJ	OTHER: OTHER: Nursir E OF 2 URY M street, fector ed at the tim	26. PLACE OF 19 Home 5 26. INJURY AT WORK? 1 YES 2 19, office 29c. Li	DEATH (Ch. Realdenca NO	6 Other (S 28d. DESCR 28f. LOCATI City or a to the cause a time, date an	PERFORM YES 24 Specify) WHEE HOW IN ON (Street at a flown, State) (a) and manual place, and	JURY OCCUP The se stated. If due to the company to	RED Rural R	AMALABLE PRIOR TO COMPLETION OF CAUS DE DEATH? 1 VES PRO Oute Number, and menner as stated (Month, Day, Veer)	HE .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at orice.

2

31. DATE FILED (Month,

JUN

2 232

	FOR STATE OF MARYLAN	ND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIENE) (10075
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	CERTIFIC	CATE OF	DEATH	REG. NO.		3. TIME OF DEATH
	DANTEL G. ALBRE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y	CHT:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	0 6 2.0	1990	THPLACE (State or Foreign
	216-10-3663 ¹ ★ ² □ ^F 7	4 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) JULY 5 19:	MD .	
OR	9a. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL		BALT	R LOCATION OF DE MORE	ATH	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD 10a. STREET AND NUMBER		BALT IMOE	ZIP CODE			1 √ YES 2 □ NO WHAT COUNTRY?
FUNERAL	427 N. LINWOOD AVENUE 11. MARNITAL STATUS 12. WAS DECEDENT EVER IN U.	S ARMED	13 WAS DEC	2122	C ORIGIN? (Specify Yea o		.S.A.
ă	1 Never Married 2 Married FORCES? YES	2 NO	If yes, spe		n, Puerto Rican, etc.)	Bia	ck, White, etc.
	(Specify only highest grade completed)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo:		16b. KIND OF BUSIN	NESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A		ESMAN		LUCA	S BROTH	ERS
Š	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden Su	ımame)	
BE	HARRY ALBRECHT				HELEN VAIN		100
2	19a. INFORMANT'S NAME (Type/Print) MARIE SVEHLA (SISTER)				BALTIMOR		21206
	1 TV Burdel 2 Commetten 2 Demonstrom Ctota	PLACE OF DISPOSI other place) OAK LAW				TIMORE,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cagena Lattra	2.	SCH		JNERAL HOME Lane, Balt		Md. 21213
	23. PART 1. Enter the diseases, or complications that caused it shock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A C	th line.		273	Myerard		Approximete Interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF):	lism			
CER	PART II. Other eignificant conditions contributing to deeth but	not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN A	LITOPSY 2	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Coronay antey deran	en de	xta.		PERFORM 1 YES 2	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 IN NO
SICIA	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 ANO HOSPITAL: 1 Supprison 2 ER/Outpatt		OTHER:	ACE OF DEATH (Ch	6 (Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Sea)	285, TIME	OF 28c. INJ		28d. DESCRIBE HOW IN.	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		treet, factory, offic		261. LOCATION (Street en City or Town, State)	d Number or Run	ti Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basic of examination of						e(a) and manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER) .		29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)

HOSP.

5601

MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6000

06/1

LOCH RAVEN

ON OF VIAL RECORDS, P.C. BOX 13149,	NONS PHYSICIAN. The law requires that the death conflicate be executed within 24 Mours after death. Page 6 may be retained by the hospital or attending physician.	E. Aher this certificate has been signed by the attanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNESAL DIRECTOR. After this certifical be filed within 72 hours after death with the Stu-	IMPORTANT: If item 28 is marked, or its	

JEANETTE AU	JLT	1			2. DATE OF DEATH BOHTH 6-20-90	AY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY HUMBER 212-18-5057	1. DM 2 🖔 F	LAGE (In you look bested 95 ve		YEAR IF UNDER 24 HIS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Dec. Visc) 3-27-18	95	6. SIRTHPLACE (State or Foreign Country) MARYLAND
SE. FACILITY NAME IT NOT HINTUISON, give I MERIDAN HERITAC		NG HOME	SHs. CYTY,	TOWN OR LOCATION OF D	EATH		TIMORE
RESIDENCE OF DECEDENT 10s. STATE 16b. COUNT VARYLAND BALT	· TIMORE	10c.	CITY, TOWN O	LOCATION			104. INSIDE CITY LIMITST 1 TYES 2 X NO
MERIDAN N. H. C		ILL RD.		101. ZIP CODE 2 1 2 2 2		1,120,100	ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Narried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	EVER IN U.S. ARMED		IAS DECENDENT OF HISPA yea, apacify Cuban, Mexico YES 2 NO Specif	un, Puerto Rican, etc.)	-	14. RACE — American Indian, Black, White, etc. Specify. WHITE
13. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 YEARS	CATION e completed) College (1-4 or 5+)	(Give kine ille, Do NO	T'S USUAL OC f of work dose of W use retired)	CUPATION uring most of working	166. KIND OF BU	SINESS/INC	DUSTRY
17. FATHER'S NAME (First, MIXIDE LIST) AUGUST WEIS				ELIZA	BETH NEI	Sumame) TZEL	
184. INFORMANT'S NAME (TOPOFFINI) MRS. LUCILLE KE	ERSTETTER			(Street and Member or Rural TLE GROVE). MD. 21222
20a, METHOD OF DISPOSITION 1 ○ Burlal 2 □ Cramation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	novel from State	OAKLAW		ne of cometary, crometary or ETERY	1 117,300,000	TO.	City or Town, State
aimond T.	Xho						
	a. C.	e on each line.	Do not enter	the mode of dying, suc		iratory an	Approximate Interval Betw Onset and D
23. MART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a. DUE TO K		Do not enter E OF): U S J E OF):	the mode of dying, suc	th as cardiac or resp	iratory an	Approximate Interval Betw Onset and D
23. IART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO K	OR AS A CONSEQUENCE	Do not enter E OF): U S OF): E OF):	the mode of dying, such	ch as cardiac or resp	AUTOPSY RMEO?	Approximate Interval Betw Onset and Donest a
23. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (C. DUE TO (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE Health but not result	E OF): E OF): OTHER	the mode of dying, such	Part I. 24s. WAS AI PERFO	AUTOPSY RMEO?	24b. WERE AUTOPSY FINDI AMILABLE PRIOR OF CAUL OF DEATHY
22. MART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO. 27. MANNIER OF OLITH 1 Sahrati 5 Pending	B. DUE TO (C. DUE TO (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DEBUT OF THE SERVICE OF THE SER	E OF): E OF): OTHER	the mode of dying, such	Part I. 24s. WAS AI PERFO	AUTOPSY HALEO?	24b. WERE AUTOPSY FINDS ANALABLE PHICH TO COMPLETION OF CAU OF DEATHY 1 YES 2 MO
22. MART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or loqury that initiated events resulting in death) LAST PART II. Other significant conditions.	B. DUE TO (C. DUE TO (OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DEBUT OF THE SERVICE OF THE SER	Do not enter Cod E OF): E OF): E OF): Time OF NAUTY M	dertying cause given in 25. PLACE OF DEATH (C) 1: Ing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFO 1 YES 1 Other (Specify) 26d. DESCRIBE HOW	AAJTOPSY BAILERY OC	24b. WERE AUTOPSY FINDS ANALABLE PHICH TO COMPLETION OF CAU OF DEATHY 1 YES 2 MO
23. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO. 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO. 27. MANNER OF OBJATH 1 Platural S Ponding Investigation of the Medical Society of the Medical	BICIAN: To the best of n	e on each line. OR AS A CONSEQUENC OR AS A C	E OF): E OF): OTHER Time OF INJURY M Counted at the ti	derlying cause given in 26. PLACE OF DEATH (C) 26. PLACE OF DEATH (C) 26. PLACE OF DEATH (C) 26. PLACE OF DEATH (C) 27. PLACE OF DEATH (C) 28. PLACE OF DEATH (C) 29. P	Part I. 24s. WAS AN PERFO 1 VER 1 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Specify) 28f. LOCATION (Specify) 28f. DESCRIBE HOW	AUTOPSY PHILED? BUJUSTY OC. BUJUSTY OC. BUJUSTY OC.	24b. WERE AUTOPSY FINDS AMALABLE PHICH TO COMPLETION OF CAUTOF DEATHY 1 YES 2 NO.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Morris Colli	ns Ander	rson		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT		
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BH	4:20 P. M
	200-70 0075	1 □ M 2 ☒ F 9	7 YRS.	MONTHS DAYS	HOURS MIN.	7/26/92		Md.
S.	99. FACILITY NAME (If not institution, give stre Berlin Nursing I	_		Ber:	r location of de lin	АТН	9c. COUNTY OF	ester
ត្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	·	10c CI	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Md. Wice	omico		Salisb				LIMITS?
BAL	100. STREET AND NUMBER John 300 Lemmon Hill	B. Parsons F L Lane	lome	101	21811			F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	В	ACE — American Indien, lack, White, atc.
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S	USUAL OCCUPATION	DN .	16b. KIND OF BU	SINESS/INDUSTR	
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	Ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo ise retired.)	at of working	27.00		
MPL	6 yrs.		Hous	ewif@		Hom	emaker	
	17. FATHER'S NAME (First, Middle, Lest) William Me	orris			18. MOTHER'S NA	ME (First, Middle, Melden Eva	Sumeme) Morris	
TO BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Grover Collins	Low				Hill, Md.		
-	20e, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	rai from Stata	other please	ishopvil			hopvill	
	21. SIGNATURE OF FUNERIAL RESPVICE LICE	Burbage		22. NAME AI	ID ADDRESS OF FA	Burbag 108 Wi Berlin	e Funer 11iams	al Home St 21811
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final	mplications that caused ist only one cause on ea	tha daath. Do ch line.	not anter the mo	da of dying, auci	h aa cardiac or resp	iretory arreat,	Approximata Interval Batwean Onset and Death
	disease or condition resulting in death)	Con	rest,	12 H	teat	finch	111	1des
Z	b.	DUE TO (OH AS A	HJ	VV				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE (DFI:	9			
E	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE (OF):				
H	reauiting In death) LAST							
A	PART II. Other algolificant conditions	contributing to death bu	it not reaulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC					_	_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (Ch	eck ank one)		
SICI	EXAMINER?	HOSPITAL: 1 Input	ntient 3 DOA	OTHER:		8 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN.	JURY AT ORK?	28d. OESCRIBE HOW	INJURY OCCURE	0
BY	2 Accident Investigation	28e. PLACE OF INJURY	— Al home ferm		YES 2 NO	28f. LOCATION (Street	and Number or Br	rel Brute Number
TED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci	ily)	, ettert, raciony, orne		City or Town, State		var route variou,
COMPLETED	CONSTRUCTION OF THE CONTRACT O	IAN: To the best of my knowl : On the beste of axamination			•			se(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			7	29c. LICENSE NUI		29d. DATE GIG	NED (Month, Day, Year)
10 B	100.	00101			#D02	026	6-	19-90.
	30. NAME AND ADDRESS OF PERSON WHO Federico G. Ar	thes, M.D.	, #3 E		, Berli	n, Md. 2	1811	
	31. DATE FILED (Month, Day 390)	3 PERMITARIS	TO SEC					

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no.	Poli	Iten	
FUNERAL DIRECTOR, AND HIS CONTINUES BOOK OF THE WASHINGTON BY THE WASHINGTON OF CONTINUES OF CON	within 72 hours after death with the state Lept. of regain and mental hygiene prior to bund, cremation, of removal.	ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	N C	TAN	

1 - FOR STATE REGISTRAR	STATE OF MARY	CERTIF	CATE	OF DEATH	MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) . ISSAC	ISAAC	BULLOCK	acK_)	2. DATE OF DEATH MONTH	7 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 28 - 20 - 7407 9a. FACILITY NAME (If not institution, give si	1 M 2 F	(In yrs. last birthday) (4 YRS.	9b. CITY, TO	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign unitry)
Belair Convalesar	xum 6116 E	selavi Rd.	Bal	timore			
10a. STATE 10b. COUNTY	,		Y, TOWN OR I	ORE, CIT	Y		10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO
100. STREET AND NUMBER 2000 E. MADIS	ON ST. AP			101. ZIP CODE 2120		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 V YE IF YES, GIVE WAR OF	S 2 NO	If yo	B DECENDENT OF HISPA re, specify Cuban, Maxico YES 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.)	ne or No- 14. R	ACE — American Indian, lack, White, etc.
15. DECEDENT'S EQUIPMENT'S EQUIPMENT (Specify only highest grade Elementary/Secondary (0-12) 11th	CATION completed) College (1-4 or 5+)	Ille. Do NOT us	vork done duri	IPATION ng most of working		& SONS	OIL CO.
17. FATHER'S NAME (First, Middle, Last) HUBERT BULLUCK				16. MOTHER'S N	AME (First, Middle, Maide TIE SAV		
190. INFORMANT'S NAME (Type/Print) JAMES BULLUCK				AX ST			
20e. METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPOS	SITION (Name	of cemetery, crematory or EST CEME	20c. L	OCATION - City o	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	ME AND ADDRESS OF F	ACILITY		NORTH AVE
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet inlitted events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):				
PART II. Other significant condition	achin	but not resulting	in the unde	rfyling cause given ir		PRMED?	24b. WERE AUTOPBY FINGING AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WHO	HOSPITAL:	Autpatient 2 [] DOA		26. PLACE OF DEATH /C			
27. MARWER OF DEATH 1 CAuturel 5 Pending	28s. DATE OF INJUR (Month, Day, Yes	YY 286 TIM	E OF 29	E. INJURY AT WORKY	28d. DESCRIBE HOW	INJURY OCCURE)
2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INAL building, etc. (5	JRY — At home, ferm, (pacify)	etreet, factory	office	28f, LOCATION (Street City or Roses, State	r and Number or Ru a)	ral Route Number
ana)	CIAN: To the best of my kr						se(a) and manner ea stated.
29b. SIGNADO AND TITLE OF CERTIFIES	Bradler "		, Print)	DOD!	926	29d. DATE SIG	19/90 (Month, Day, Year)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI						
111N 0 0 1000 100	Lavidron Par	Harace					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMEN1				MENT	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Sallie Boyd								MDN		ĭ8	YEAR 3.	TIME OF DE	- ^
	4. SOCIAL SECURITY NUMBER 215-24-3380	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRTH		8. BIRTNPL/ Country)		Foreign
œ	9a. FACILITY NAME (If not institution, give st Church Hospital		ration					ON OF DE	ATH			TY OF DEAT		
유	RESIDENCE OF DECEDENT	- COIPO	Lation		1 1	Salt	TINO	re (clt	У	<u> </u>			
DIRECTOR	Md . 10a. STATE 10b. COUNTY				v, rown d alti			ity				10	d. INSIDE CI LIMITS? YES 2	
FUNERAL	100. STREET AND NUMBER 229 N. Castle	St.				101	. ZIP COD		231		10g. CITIZ	EN OF WHA	T COUNTRY	7
B≺	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V				If yes, sp		n, Mexica	n, Puarte	ilN? (Specify Yes o Ricen, atc.)	or No—		American in Thita, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 6 t h		(G	CEDENT'S tve kind of Do NOT u		during mo	on st of worki	-	18	Bb. KIND OF BUS	BINESS/INDL	JSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN							HER'S NA		, Middle, Maiden	Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) MARTHA BOYD									mber, City or Tow			MD 2	21205
	20a, METHOD OF DISPOSITION 1 🔀 Burlei 2 🗆 Cremetion 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	ZOB. PLACE	of dispo	SITION (NI MORI	A L	PAR	natory or K			CATION — C			MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE W	حسب					ARCH		.н. 11	.01 E	. NO	RTH	AVE.
	23. PART I. Enter the discesse, or cahock, pr heert fellure. IMMEDIATE CAUSE (Final discesse or condition resulting in deeth)		use on each line			the mo	de of dy	ing, euc	h ae ca	irdiac or reep	iretory arre	eat,		Imate Between and Deeth
CERTIFICATION	Sequentially list conditions,		OR AS A CONSE	L S	LYS	is								
PHYSICIAN: MEDICAL C	PART II. Other algorificent condition Di ADETE LIAS LVD REMARKET PART II. Other algorificent condition	a contributing to	death but not	resulting	in the ur	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFQ 1 □ YES	MBD?	All Ci	ERE AUTOPS ASLABLE PRI OMPLETION OF DEATH? YES 2 [OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	EATH (Ch	eck only	one)				
IXSI	1 TYES 2 NO	1 Xinpatient 2	ER/Outpetient 3		4 🗆 Nu	rsing Hon		esidence	7	her (Specify)				
ву Рн	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	26a, DATE Of (Month, I	Day, Year)		JURY M	1 🗆	YES 2	NO		DESCRIBE HOW				
	3 Suicide 6 Could not be detarmined	building	OF INJURY — At he, etc. (Specify)	ere, eim,	Street, ISC	wy, ome			Ci Ci	OCATION (Street ity or Town, State	=ru Number)	or nunii MOU	ы тыто о г,	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												nd manner a	na stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	1000	AM	0			29c. LIC	S/3	MBER 35		29d. DATE	SIGNED (M	190 M	ner)

DEATN (ITEM 27) (Type, Print) WADWAY

COMPLETED CAUSE OF

32. REGISTRAR'S SIGNATURE

S WITT

BATTMULE, MD 21231

HYSICIAN: The law requires that the death certificate be executed within. Jurs after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cramation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trauma

M. ISABELLE

FOR	STATE OF MARYLAND / DE	PARTMENT OF H	EALTH AND N	MENTAL HYGIEN	E	0 1001
1 - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)		TIFICATE OF	DEATH	REG. NO.	YEAR	3. TIME OF DEATN
Bessie +	Barling a. AGE (In yrs. last birth	thday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	June 1	8 91 8. BIR	THPLACE (State or Foreign
01111011	- ~ 70	PRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		alto Md
RESIDENCE OF DECEDENT	rsing Home	Balte) Md	2121/	Sc. COUNTY OF	DEAIN
10a. STATE 10b. COUNTY	10	Balto	ON			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
100. STREET AND NUMBER	5+	101.	ZIP CODE	1 1	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS OECEOENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS OECE If yes, spe 1 YES	cify Guban, Maxican	IC ORIGIN? (Specify Yes I, Puarto Rican, etc.)	Bi	CE — American Indian, ack, White, atc.
15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	mpleted) (Give ki	ENT'S USUAL OCCUPATION ind of work done during mos NOT use retired.)	at of working	166. KIND OF BUS	SINESS/INDUSTRY	W 17 1 1
17. FATHER'S NAME (First, Middle, Last) Edward G	Berling	OKKE	_	ME (First, Middle, Melden	Sumamo) ho	P
19a. INFORMANT'S NAME (Type/Print) Mrs. Robert Her	7	AILING AOORESS (Street ar				
20a. METNOD OF DISPOSITION 1 □ Burtel 2 □ Cremation 3 □ Remova	20h PLACE OF D	. 4, BOX DISPOSITION (Name of com			216 CATION — City or	
21. SIGNATURE OF FUHERAL SERVICE LICEN	Mele 6. 21. 90		D ADDRESS OF FACE	MY BOARD), BALT	O., MD.
23. PART 1. Enter the diseases, or cor		. Do not enter the mor	de of dying, such	as cerdlec or resp	iratory arrest,	Approximata Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Orkriosclerofic DUE TO IOR AS A CONSEQUE	cardiona	scular	diease	2-	Onset and Dea
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENT					
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSEQUER	NCE OF):				
PART II. Other significant conditions	contributing to deeth but not resu	ilting in the underlying	cause given in i	Part I. 24s. WAS AN PERFO	RMED?	F4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
						1 169 2 119
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	HOSPITAL:	OTHER:	ACE OF DEATH (Che			
27. MANNER OF DEATN 1 Netural 8 Pending 2 Accident Investigation		8b. TIME OF 28c. INJURY WO		28d. OEŞCRIBE HOW	INJURY OCCURED	
3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, office		28f. LOCATION (Street City or Town, State		al Route Number,
One i	AN: To the best of my knowledge, death On the basis of examination and/or inve					se(a) and manner as stated.
		on gathern, and my opinioni, a	estil occured at the	time, data arra prace, ar		

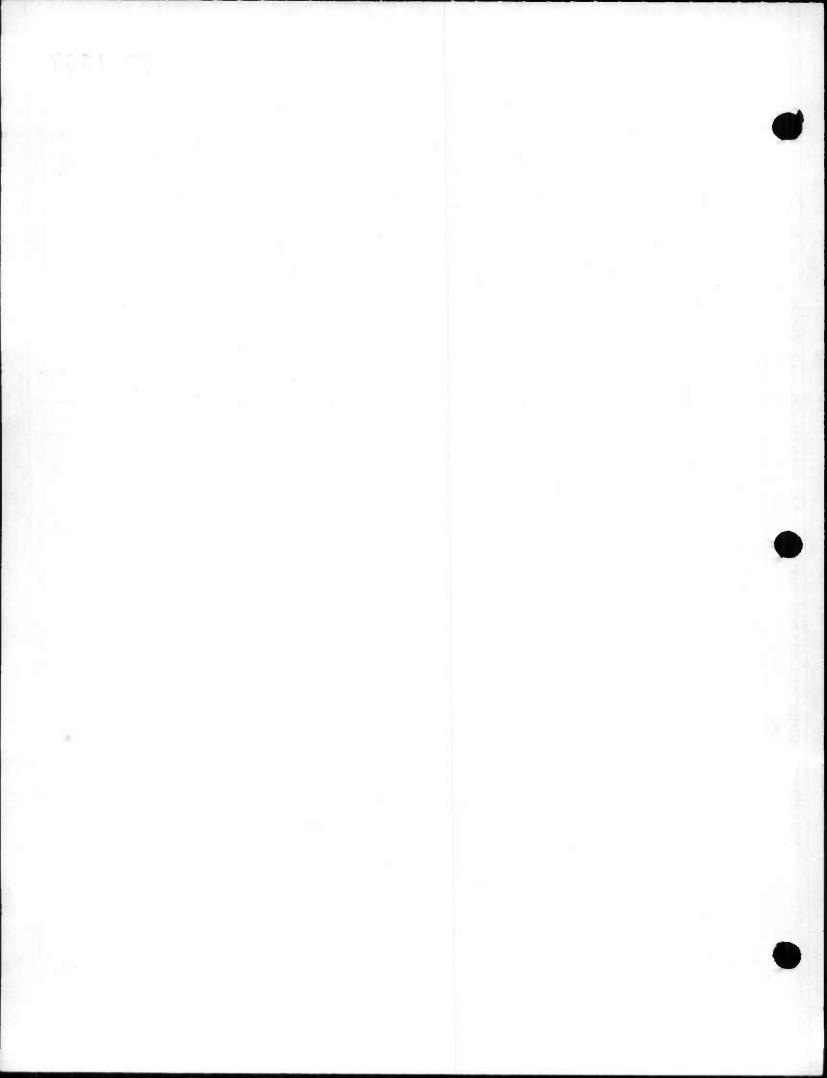
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

17. IS ABELLE MACGREGOR M) KESWICK 700 W 40% BALTIMORE, M) 21211

31. DATE FILED (Month, Day, Your)

32. REGISTRAR'S SIGNATURE

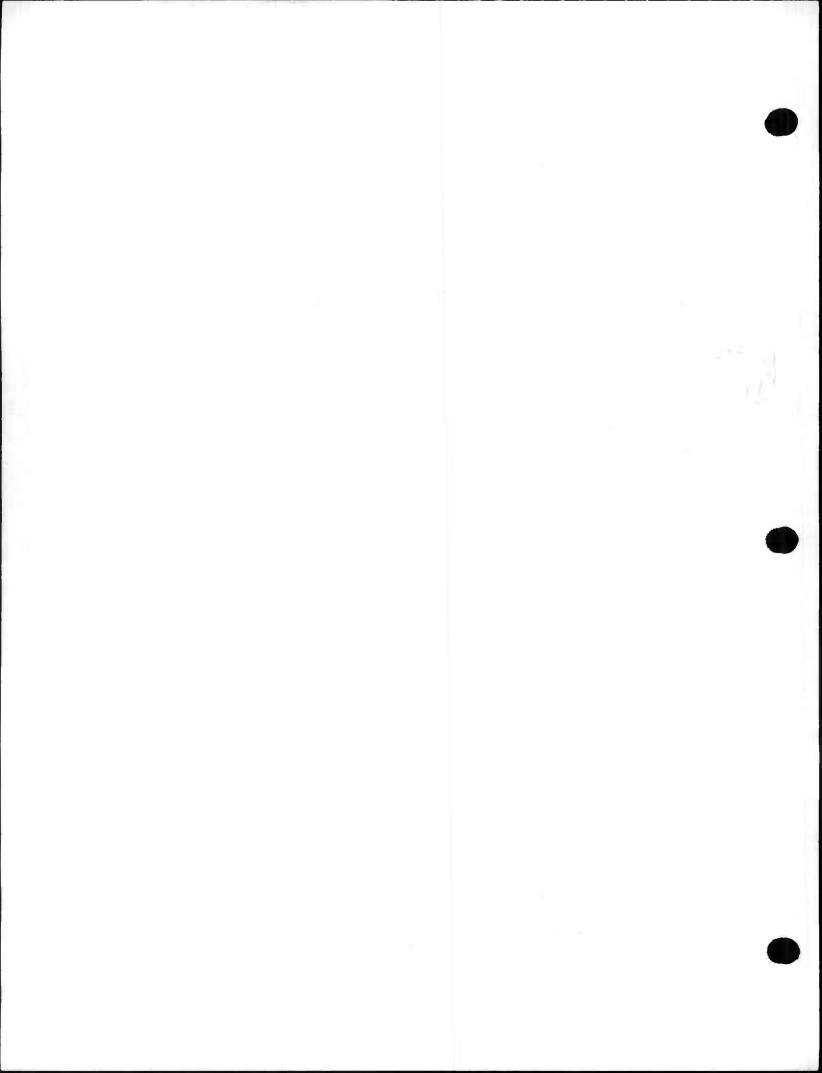
STATE JUNE 1990



203-3146	attending physician, use as the burial-transit permit. Pages	
BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retain cy ma d in by the funeral director, page 5 sho or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retain a transfer at a standing physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 showers that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at eather

1, 2, 3 should

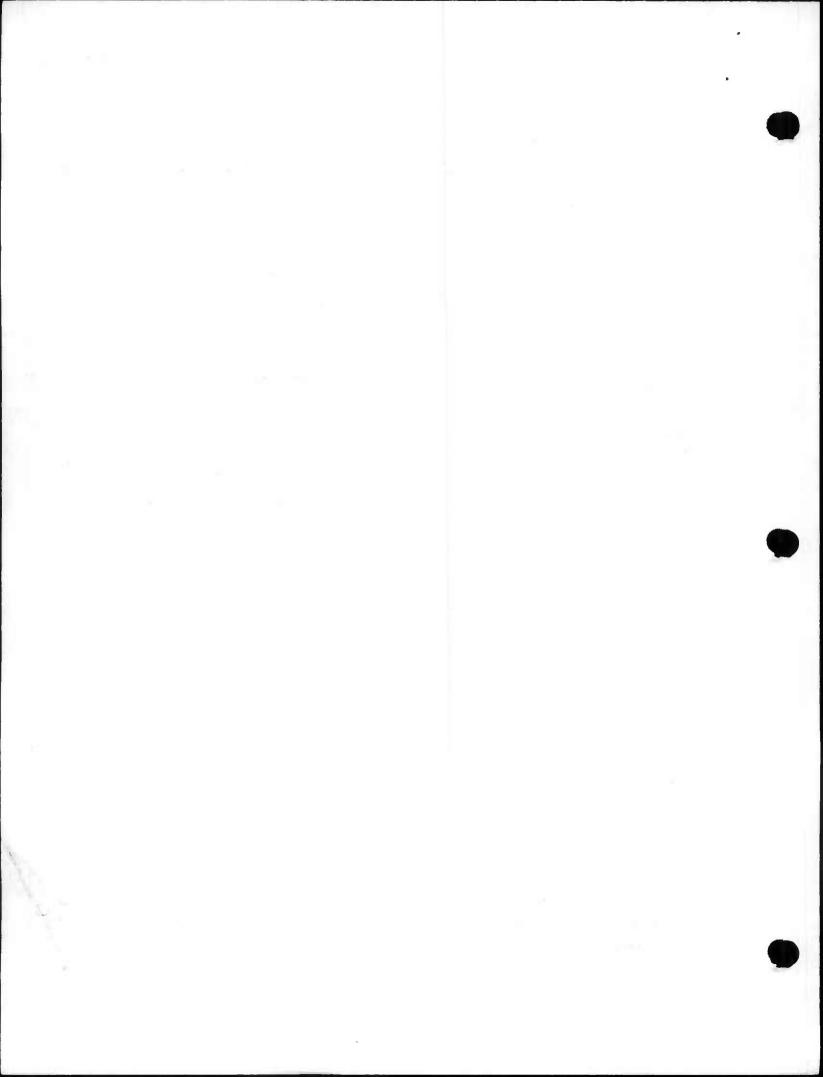
	Item: 23 part FOR 7/5/90 reb	1 & 27 per ME STATE OF MARYLAND /		MENT OF H	EALTH AND I	MENTAL HYGIEN	IE C	0 16879		
	1 - REGISTRAR			CATE OF		REG. NO				
	1, DECEDENT'S NAME (First, Middle, Last) Donald		Butle	<u> </u>		2. DATE OF DEATH MONTH 6-20-90	AY YE	3. TIME OF DEATH 8:50AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. let		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3 1.8	IRTHPLACE (State or Foreign ountry)		
R	90. FACILITY NAME (If not Institution, give str Church Hospital	,			R LOCATION OF DE		9c, COUNTY	OF DEATH		
E I	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY			ALTO				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1208 Linde	in Leas Et.		10f	21202	2.	10g. CITIZEN	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indien, Black, White, alc. Specify: Black		
CETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16a, DI (G completed) (G College (1-4 or 6+)	ECEDENT'S U Give kind of wo a. Do NOT use	SUAL OCCUPATION for doring more retired.)	N st of working	16b. KINO OF BU	SINESS/INDUST	NY NY		
COMP	17. FATHER'S NAME (First, Middle, Last)	ulle Da	י אווי צ	101	16. MOTHER'S NA	ME (First, Middle, Meider	Surname)	1		
TO BE	19a. INFORMANT'S NAME (Type-Print) 19a. MAILING ADDRESS (Street and Number or, Rural Route Number, City or Town, Steele, Zip Code) 1208 LINDEN LEAF CT. BAITO, M. J. 21282									
	20s. METHOO OF DISPOSITION Suriel 2 Cremetion 3 Remo 4 Donation 6 Other (Specify)	1000	OF DISPOSIT		setery, cremetory or	20c. L/	-0-1	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	- Locks &	1	22. NAME A	D ADDRESS OF FA	Henr 13	04/1/2	tral ang.		
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	complications that caused the d	eeth. Do no	et enter the mo	de of dying, auc	h as cerdisc or reep	piretory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Asthma DUE TO (OR AS A CONSE	OUENCE OF)			1,61		Onset and Death		
TION	Sequentially list conditions, If any, leading to immediate									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
핑		J.	4-1					+		
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to death but not	resulting in	the underlyin	g cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
N: ME								XXX YES 2 □ NO		
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI OTHER:	ACE OF DEATH (Ch	eck only one)				
ΥS	1 VES 2 □ NO	1 inpatient 2 in ER/Outpatient	3 🗆 DOA	4 - Nursing Hon		6 Other (Specify)	MI NIMW 0001			
ВУ РН	27. MANNER OF DEATH 1) Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU	M 1 🗆	PRK? YES 2 NO	26d. DESCRIBE HOW				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, st	reet, tactory, offic	•	261. LOCATION (Stree City or Town, State		turei Floute Number,		
COMPLET		CIAN: To the best of my knowledge, d						use(e) end manner se stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIES	9			29c, LICENSE NU		29d, DATE SI	GNED (Month, Day, Year) 6-20-90		
10	30. NAME AND ADDRESS OF PERSON WH Frank Peretti,				treet,Ba	ltimore,M	21201	VC		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Audra C. Baetz 2. Date of DEATH MONTH DAY VEAR 6:50 M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr last birthday) F UNDER 1 YEAR F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) WEST VA.									
TOR	96. FACILITY NAME (II not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 70WSon, Md Baltimore									
L DIRECTOR	10a. STATE 10b. COUNTY 10c. CITX, TOWN OR LOCATION 10d. INSIGE CITY LIMITS? 1 YES 2 NO 10a. STREET AND NUMBER 10f. CITZEN OF WHAT COUNTRY?									
FUNERAL	2595 PORVER ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian,									
β	1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify:									
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elamentery/Secondary [0-12) AVRS 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15b. KIND OF BUSINESS/INDUSTRY 15c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme) October 19. Control of the Control									
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5ACL AS ASOVE									
	20e. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Other place) OULANY VALLY OF CAR. 1 OCTION - City or Town, State OULANY VALLY OF CAR.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF MEMORIES EVAN CHAPTIOF ROBOTES 8800 HARFORD ROBOTES 8800 HARFORD ROBOTES									
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line.									
	iMMEDIATE CAUSE (Final disease or condition resulting in death) ■ RIGHT CEREBROVASCUAR INFARCT =									
NOI	Sequentially list conditions, if sny, leading to immediate LEFT HEMIPARESIS DUE TO (OR MA CANSEOUENCE OF):									
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. OUE TO (OR AS A CONSEQUENCE OF):									
	d									
EDICAL	PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Psrt i. 24e. WAS AN AUTOPSY PERFORMED? 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO									
PHYSICIAN: ME	1 YES 2 NO									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DEATH (Check only one) EXAMINER? OTHER:									
HYS	1 YES 2 NO 1 IM Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF OEATH 269. DATE OF INJURY 269. TIME OF 26c. INJURY AT 280. OE\$CRIBE HOW INJURY OCCURED									
ВУ Р	1 Noturel 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
	3 Suicide s Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 107. DATE SIGNED (Month, Day, Year) 108. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2D (Typo, Print))									
	CEBALLOS, MD ST. JOSEPH HOSPITAL - TOWSON, MD 21204 31. DATE FILED (MORITY, DON) 132. REGISTRAR'S SIGNATURE									
	JUN 22 1990 felle Seviden Ponder									



urial-transit permit, Pages 1, 2, 3 should

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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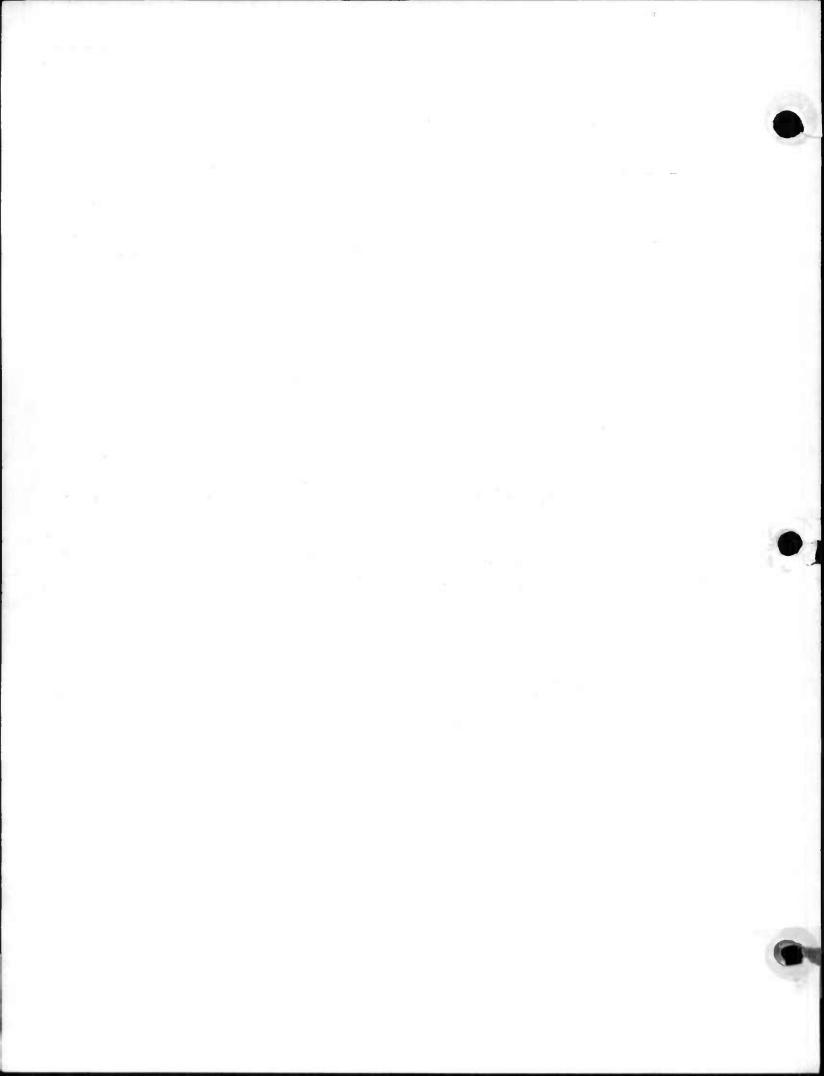
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22, 1990

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	1 - FOR REGISTRAR	STATE OF N	MARYLAND C	DEPAR					MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			195					MONTH	OF DEATH	W	YEAR	3. TIME OF DEATH
	BLANCHE BICK											90 YEAR	12:49рм
		i. SEX ☐ M 2 1√2 F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 YEAR DAYS	HOURS	MIN.	MAY	26,19	08	NOR!	PLACE (State or Foreign PH DAKOTA
	9a. FACILITY NAME (If not institution, give stree	Λ	02		9b. CITY	, TOWN OI	LOCATIO	N OF DE				NTY OF DE	EATH
E O	MONTGOMERY GE	NERAL	HOSPIT	ΓAL		OLN	ΕY				1	MONT	GOMERY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			_				•					10d. INSIDE CITY
DIMECTOR	MD. MONTGO	OMERY		RO	CKVI	LLE	JIN .						LIMITS? X
FUNERAL	100. STREET AND NUMBER 5936 MUNCASTER	MILL RO.	AD			10f.	ZIP CODE	208	55			IZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. A YES 2 A WAR OR DATES	RMED NO			olfy Cuba	n, Mexica	n, Puerto F	? (Specify Yes lican, atc.)	or No-		— American Indian, , White, etc. by: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade of Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5	- S	ECEDENT'S Give kind of te. Do NOT u: TEACH	work done	CCUPATIO	t of workin	g	16b.	KIND OF BU		DUSTRY	N
	12 17. FATHER'S NAME (First, Middle, Lest) MARK MALCOM						16. MOTH	Mari	ME (First, A	CHAM	PION		
TO BE	19a. INFORMANT'S NAME (Typer/Print) CHARLES A. BICKING 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS #10												
	20a. METHOD OF DISPOSITION 1 Burial 2 to Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature Of Funeral Service Licensee 22. MARTAL ADDRESS STATETER FUNERAL HOME												
	21. SIGNATURE OF FUNERAL SERVICE LICEN THE SERVICE	W- F	Back	er.									LLE, MD. 208
	23. PART I. Enter the diseases, or conshock, or heart feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	at only one car		ne.	a (Ame	ie of dyi	ng, suc	h ae cerd	liec or resp	iratory a	rrest,	Approximate interval Between Onset and Deeth
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Criffic AD HC Sknoss DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
PHYSICIAN: MEDICAL (PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PNO 1 YES 2 PNO 1 YES 2 PNO								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN:		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:		-12.012.0	eck only on				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month,	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY INJURY M 1] NO		CRIBE HOW		OCCURED	
	3 Suicide 8 Could not be determined	26e. PLACE 6 building	OF INJURY — At I , etc. (Specify)	home, farm,	street, fac	tory, office	,			ATION (Street or Town, State		er or Rural i	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER:	_											s) and menner as stated.
B	296. SIGNATURE AND ATLE OF CERTIFIED 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Vear) 6/18/96												
9	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CA	DE DEATH (IT	EM 27) (7m)	e Print)			-		·		,	

OF DEATH (ITEM 27) (Type, Print)

20906

DHMH-16 Rev 1/89



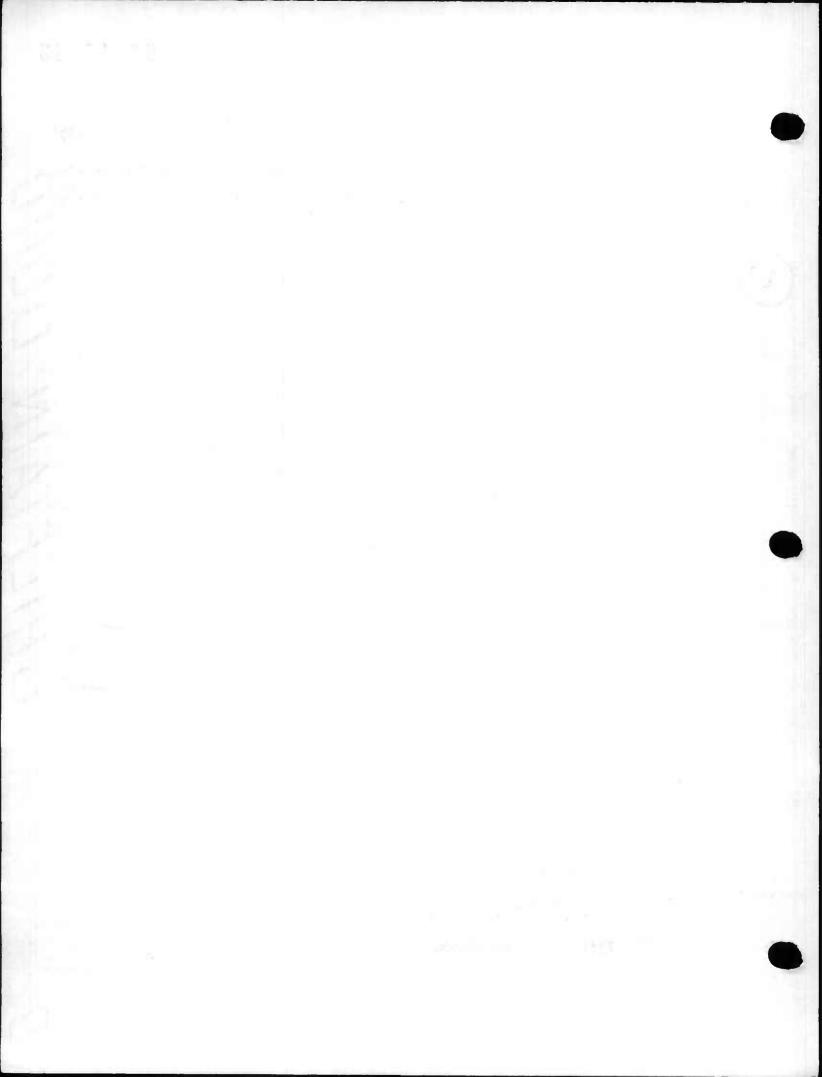
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET M.					2. DAT	E OF DEATH	Y. 35	3. TIME OF DEATH	
	4. SOCIAL SECURITY/NUMBER	Area	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OAT	E OF BIRTH	90	BIRTHPLACE (State or Foreign	
	215-30-210	1 🗆 M 2 🔀 🕴	75 YRS.	MONTHS DAYS	HOURS MIN.	/Mo	7,1		Country) MARYLAND	
	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN	OR LOCATION OF			9c. COUNTY	OF DEATH	
DIRECTOR	Mange Great	origin		To	N.Son	M	Q' -	B	2/+.	
REC	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA					10d. INSIDE CITY	
	MARYLAND			BALTIM					1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	ME		10	21234			400	S . A .	
NE I	3305 CHESLEY A	12. WAS DECEDENT EVER II	VIIS ARMED	13 WAS DEC	ENDENT OF HISP	ANIC OBIG	IN? (Specify Ven		BACE — American Indian,	
BY FL	1 Never Married 2 Married 3 X XVIdowed 4 Divorced	FORCES? 1 YES	2/THO ATES	If yes, sp	ecify Cuban, Maxi	can, Puart		ST 1.62	Specify: WHITE	
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give kind of	USUAL OCCUPATI work done during me	ON ost of working	1	86. KIND OF BUS	INESS/INDUST	TRY	
LE.	Elementary/Secondary (0-12) NA	Coffege (1-4 or 5+)	HOMEN	AKER			OWN H	OME		
OM	17. FATHER'S NAME (First, Middle, Last)	NA	попп	IAKLIK	18. MOTHER'S I	NAME (First	t, Middle, Maiden			
ш	HARRY KRAUS				ROSE	SCH	HARF			
TO B	19a. INFORMANT'S NAME (Type/Print)	/ / DAUGUEED		ADDRESS (Street						
-	EVELYN DOHERTY			CHESL					or Town, State	
	1X Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	moval from Stata	GARDENS	OF FA	ITH	r			E, MD.	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	MUNEK	FACILITY FUNI	ERAL H	OMES.	TNC.	
	John Fr	alli		3331	BREHM	SLA	ANE, B.	ALTO.	, MD. 21213	
	23. PART i. Enter the diseeses, or shock, or heart feilure	complications that cause. List only one cause on a	d the death. Do	not enter the me	ode of dying, a	uch aa ci	ardiac or reepi	ratory arrest	, Approximate interval Between	
	iMMEDIATE CAUSE (Finel disease or condition	RESOLDAT	nou Fo	DULLOE					Onset and Death	
	resulting in death)	B. KESPIRAT	A CONSEGUENCE O	OF):	./					
NO	Sequentially list conditions,	· Upper St	inal con	rd, bra	rain Stem compression 7-14d vervical vertebra 7-14d					
ATI	if any, leeding to immediate ceuse. Enter UNDERLYING	SUBLUXA	LION Z	ND Ca	rical.	var	tepra		7-140	
F	CAUSE (Disease or injury thet initieted events	DUE TO (OR AS /	A CONSEQUENCE C	OF):						
CERTIFICATION	resulting in deeth) LAST	o. Pheumar	ord a	MARIT	15					
CALC	PART II. Other significent condition				g ceuse given	in Part i.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
	Chronic Coi	ticosteroio	Thes	Leton			1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
MEDI					_				1 TYES 2 THO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.6	LACE OF DEATH (Thank only	(ane)		l	
SICI	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER.	ne 8 🗆 Rasidenc					
Н	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c. IN	JURY AT	-	DESCRIBE HOW I	NJURY OCCUR	PED	
BY F	1 Natural 6 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, cify)	atreet, factory, offi	ce	28f. L	OCATION (Street a ity or Town, State)	and Number or	Rural Route Number,	
E	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	riedge, death occur	red at the time, dat	e and place, and d	lus to the	cause(s) and mer	nor as stated.		
COMPLETED	cont only	NER: On the basis of examination								
	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE N	UMBER		29d, DATE S	IGNED (Month, Day, Year)	
TO BE	John Hlage	2			0165	34		16	12190	
-	2 2 2	THO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Typ	e, Print)	NA	900	Russ	B	ETMON 2/25	
	31. DATE FILED (MATTIN DO), April 101	32. EMETRADE SIGN	NATURE	NOU!		ww	- 0201)	UN	CIMICA UI UZ	
1	9011	SHARE METERS	SERVICE STATE OF THE PERSON NAMED IN	See						

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-314	te 6 may be retained by the hospital or attending	rector, page 5 should be detached for use as the	must be notified at once.
BALTIN	urs after death. Pa	filled in by the funeral d on, or removal.	he medical examine
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Are after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

,	FOR 1 - STATE	STATE OF MA			TMENT ICATE						E		
	1. DECEDENT'S NAME (First, Middle	te, Last)	CI	97) 8	CATE	OF	DEA		2. DATE OF D	EG. NO.	Y 3	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 245-18-200	5. SEX 8.	AGE (In yrs. las	t birthday)	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day	нятн		BIRTHPLA Country)	CE (State or Foreign
5	9a. FACILITY NAME (If not institution	Enmurs	g hon	ne.	9b. CITY,	TOWN O	R LOCATI	ON OF DE			9c. COUNTY	OF DEATH	innel
FUNERAL DIRECTOR	RESIDENCE OF DECEDE 10a. STATE MD 10b.	COUNTY			y, town of		_	OUNT	ГУ	Howa	rd		d. INSIDE CITY LIMITS? YES 2 NO
HAL	100. STREET AND NUMBER 6487 FREET	OWN RD.	-	1		-	ZIP COD	0 0			_		T COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 2 X		16	yes, sp	ENDENT Cube	OF HISPAN	IIC ORIGIN? (Sp n, Puarto Rican				American Indian, hite, etc.
COMPLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 9 t h	T'S EDUCATION est grade completed) College (1-4 or 5+)	(G	live kind of a . Do NOT us	USUAL OC work done d se retired.)	luring mo	N st of worki	ng			C ()		. ED.
BE COM	17. FATHER'S NAME (First, Middle, I WESLEY CAD		1117	1111	L 147/114	O L	18. MOT		ME (First, Middle AGNES			<u> </u>	
2	JAMES CAD	E		b. MAILINO ADDRESS (Street 329 th City or Town, State, Zip Code) 98023 3203 SW. 300 29th ST WASHINGTON, STATE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State)							0.1111		
	20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Donalion 8 Other (Speci	lty)	A R'BA	OF DISPOS	MEM	ORI	AL	PARK			CATION — CH		
	21. SIGNATURE OF FUNERAL SER	MICE LICENSEE	Can					R C H		110)1 E.	NOR	TH AVE.
	23. PART I. Enter the disease shock, pr heart find the shock of the sh	failure. List only one cause CEREBRO	Dn each line	LAR D	ISEAS		de of dy	ring, auci	h as cardiac	or respi	ratory arres	rt,	Approximata interval Between Onset and Daath
HILCALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate											
HIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSE					ISEQUENCE OF):						
MEDICAL CE	PART II. Other aignificant co	onditions contributing to de	eeth but not	resulting	in the un	derlyin	cause	given in		PERFOI		AM CC OF	RILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient	DOA	OTHER	R:			eck only one) 8 Other (Sc	oec/fv)			
ву рну	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year) 2					unsing Home 5 Rasidence 8 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO NO							
	3 Suicide 8 Could	28e. PLACE OF building, at	NJURY — AI h	ome, farm,	street, fact	ory, offic	8			ON (Street own, State)	and Number of	Rural Rout	e Number,
COMPLETED	(Oribon Oriny	O PHYSICIAN: To the bast of m EXAMINER: On the basis of axes											nd manner as stated.
O BE	29b. SIONATURE AND TITLE OF C	n tuy	m)				20708					onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William Flowers, M.D. 11055 Little Patuxent Pkwy Columbia Md. 21044													



MORE, MARYLAND 21203-3146

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X 13146	executed
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RECORDS,	requires
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4	The
OF VITAL RECOR	PHYSICIAN:
DIVISION	ATTENDING
0	9
	HOSPITAL

MEDICAL

PHYSICIAN:

BY

BE COMPLETED

2

Pages 1, 2, 3 should permit. director, page 5 should be detached for use as the burial-transit ige 6 may be retained by the hospital or attending physician. notified at pe must examiner funeral the medicai filled in by 9 and completely fille burial, cremation. the TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the users to constitute the period of the third that the third state of the confidence has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, it

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest)

Kieth Chase 2. DATE OF DEATH MONTH 3. TIME OF DEATH D M 825 90 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 2 2 216-62-4309 9s. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH Church Hospital Corporation DIRECTOR Raltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OF LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY 1 FES 2 NO Md. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 233 N Milton Ave 2 1 2 2 4

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - Ame Black, White It yes, specify Cubs 1 Never Merried 2 Merri Specify: BY 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done during mos life. Do NOT use retired.) (Specify only highest day (0-13) College (1-4 or 5 +) 17. FATHER'S BE 2 METHOD OF DISPOSITION 20b. PLACE OF DE S.ET OWN KES FUNERAL SERVICE 4644 PIMLICO ROAD 23. PART I. Enter the diseases, or complications that caused the de nter the mode of a language temperature of the mode of the property of the mode of the property of the mode of the property of the mode of the property of the shock, or heart failure. Lift only one cause on Onset and Death IMMEDIATE CAUSE (Finel disesse or condition BNOOCARDITIS CIERIAL WKS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24s. WAS AN AUTOPSY 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 110

:5.	WAS	CASE	REFERRED	10	MEDICAL
		MINE			
	1 🖂	YES	2 NO		
			-		

recuiting in deeth) LAST

27. MANNER OF DEATH 1 Natural 2 Accident

3 Suicide

4 Homicide

6 Could not be determined

Inpatient 2 ER/Outpatient 3 DOA a Home 5 Residence 6 Other (Specify) 4 Nursi 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF

OTHER:

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

26. PLACE OF DEATH (Check only one)

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

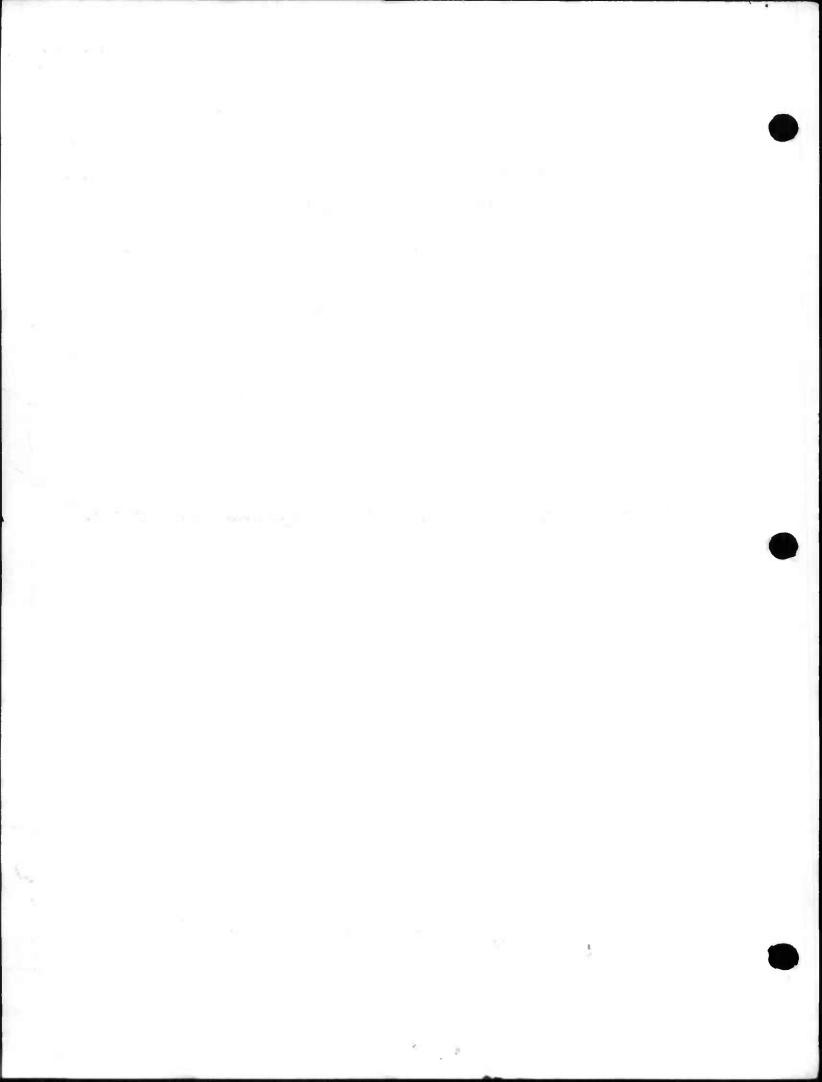
cye.	(Check only	10	ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.
			MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piace and due to the c

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

(P/29M/M	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Ty	pe, Print)

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1 BATTO	. k.	MA

DHMH-16 Rev 1/89



after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21203-3146

Alejandro

examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR	nous are result with the State Debt. Or resolution mental superior profits because, or annual to notified at once. Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. PLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPI
DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financia death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR Cortez C Girl 6 9 90 2 33 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 XF YRS MD 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN UNIVERSITY OF MD. HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY MD. RIVERDALE 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5613 RIVERDALE RD. U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxicon, Puerto Rican, atc.) 1 Never Married 2 Married 1 YES 2 NO IF YES, GIVE WAR OR DATES Specify: Specify: BY 3 Widowed 4 Divorced SPANISH 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GRACIA ALTA CORTEZ 88 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) GRACIA CORTEZ 5613 Riverdale Rd., Riverdale, Md. 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State

4 Donation 5 Wither (Specify) 1n - State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State emoaal 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. Welle 6-21.90 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition Severe DUE TO (OR AS A CONSEQUENCE OF): meningitis resulting in death) Enterococcas SUPSIS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO past-hemorrhagic hydrocepholes COMPLETION OF CAUSE 1 YES 2 | NO Browlingulmoram Dysplasia 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Stinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 27 NO 4 Nursing Home 5 Realdence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending investige 1 Natural 1 YES 2 NO 84 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 6/9/90 3669 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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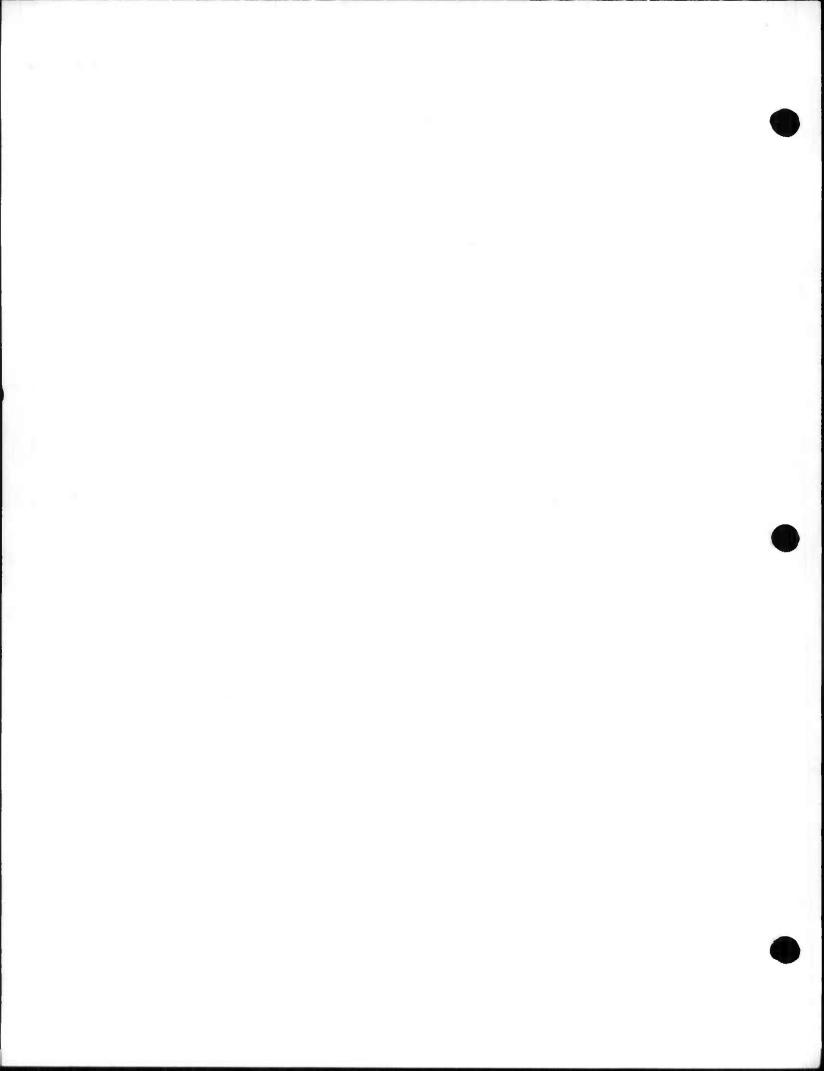
Soriano

22. REGISTRAP'S SIGNATURE

2120

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Balls und



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

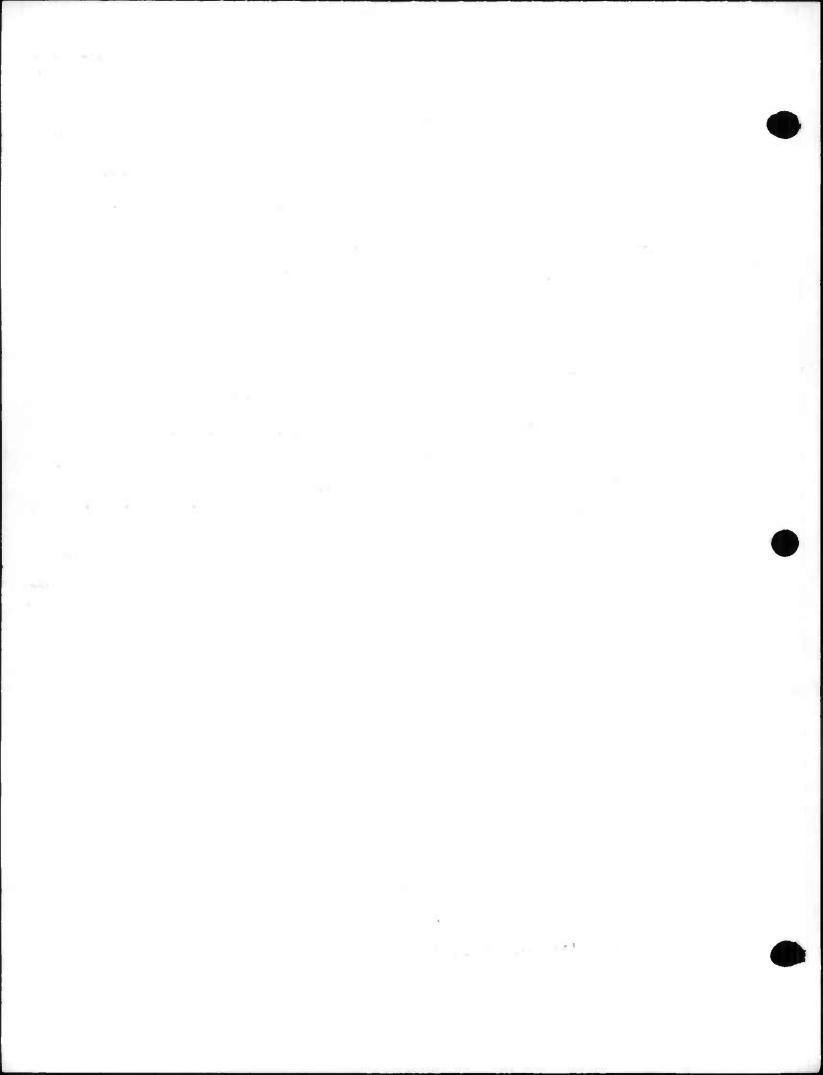
STATE	0F	MARYLAND	/ DE	PARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERI	TIFICATE	0	F DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		ENTAL HYGIENI REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Lest) CHARLES	HENRY	CHAMB	ERS	1	JUNE 2	90	3. TIME OF DEATH 4.18 A M
	4. SOCIAL SECURITY NUMBER 213-09-9662	5. SEX 6. AGE (1	in yrs. last birthday) 74 YRS.	MONTHS DAYS	IF UNDER 24 HRS. 7	Month, Day, Year)	1915	BIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (If not institution, give s NORTH ARUNDEL	·			BURNIE	TH	9c. COUNTY	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	γ	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
FUNERAL DIRECTOR		ARUNDEL	GL	EN BURN				1 TYES 2 X NO
ERAI	100. STREET AND NUMBER 1024 GENINE DRIV	E		10	21060		U.S	of what country?
BY FUN	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DO WORLD WAR	2 NO ATES	If you, a	CENDENT OF HISPANIC secify Cuban, Mexican, s 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify:WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI work done during m	ON ost of working	16b. KIND OF BUS	INESS/INDUST	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) NO	MAINTE	NANCE MI	ECHANIC	SEM GL	IDDEN	DURKEE
SON	17. FATHER'S NAME (First, Middle, Last)	CHAMPERS				E (First, Middle, Malden		
BE	(UNKNOWN) 19e. INFORMANT'S NAME (Type/Print)	CHAMBERS			GERTR			NOWN)
2	DORIS I. CHAMBER	S		SAME AS		ute Number, City or Yowi	n, State, Zip Cod	(e)
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other place) GLEN	SITION (Name of ce HAVEN MI	metery, crematory or EMORIAL PA	RK GL	CATION — CHY EN BUR	or Town, Stata NIE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIK	inten/		22, NAME A	ND ADDRESS OF FACIL	SINGLET		ERAL HOME E, MD.21061
	23. PART i. Enter the diseases, or	complications that caused List only one cause on e		not anter tha m	oda of dying, auch	as cardiac or respi	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Conge	sture	Heart	Failur	~		Onset and Death
z		b. OUE TO (OR AS) A	CONSEQUENCE	Prten	Diseas	ρ		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE O	P: /	1			
RTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):				
IL CE	PART ii. Other significent condition	ns contributing to deeth b			ng ceuse given in Pr			24b. WERE AUTOPSY FINDINGS
DICA	Cereb	ial varied	6 00	trobes		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: M						_		1 TES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Checi			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	petient 3 DOA		ne 5 Rasidence 6	Other (Specify)	NJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		ORK? YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, ferm, cify)	street, factory, off	Co 2	281. LOCATION (Street of City or Town, State)	and Number or f	Bural Route Number,
COMPLETED	CONSULT OTHY	SICIAN: To the best of my know ER: On the basis of examination	Α.					use(a) and manner se stated
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	7	1	on, in my opinion,	29c, LICENSE NUMB	BER		GNEO (North, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	TH (ITEM 27) (Type	o, Print)	0340		1	470
	MICHAEL A. SYI		_	AIN HI	GHWAY G	LEN BURN	IIE, M	B.21061
	31. DATE FILED (Month) Pon Year) 2.2 1	4411 quiada	ARROWS ALL MAN					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR STATE OF M	ARYLAND / DEPA			NTAL HYGIEN	E	10001
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		FICATE OF	2.	REG. NO. DATE OF DEATH MONTH DA	y _y	3. TIME OF DEATH
		ucille E			06 20		A
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	8. AGE (in yrs. lest birthday S YRS.	MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 2/27/36		BIRTHPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN O	R LOCATION OF DEATH		9c. COUNTY	OF DEATH
힏	RESIDENCE OF DECEDENT			Balto. C	ity		XXX.
DIRECTOR	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
片	Md.		Balto. C	Sitv			YES 2 NO
A	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	3109 Donna Rd.			21207			U.S.
	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married	EVER IN U.S. ARMED YES 2-1 NO		ENDENT OF HISPANIC C		or No 14	I. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced IF YES, GIVE WA			2 NO Specify:			Specify: Black
60	16. DECEDENT'S EDUCATION		'S USUAL OCCUPATION		16b. KIND OF BUS	INESS/INOUS	TRY
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	We Do NOT	f work done during mo use retired.)	st of working			
릴							
COMPL	17. FATHER'S NAME (First, Middle, Last)			10. MOTHER'S NAME (First, Middle, Maiden	Sumame)	
BE	Clifford Ford			Mary Ca			
2	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Route			
[]	Ernestine Wainwright	7	OSITION (Name of cer	s Ave. B			L207 by or Town, State
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)					Wills. Md.
	21. SIGNATURE OF FUNDIRAL SERVICE LICENSEE	Sun	22. NAME AT	Wright F	uneral	Home	to. Md. 2122
	23. PART I. Enter the diseases, or complications that ahock, of heart failure. List only one caus IMMEDIATE CAUSE (Final disease or condition	S Lerkost	not enter the mo	da of dying, such as	a cardiac or reapl		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Indury.)	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	(Cnows)	Lukensi	e-Blast	Cins.	s. 27 months
	PART II. Other aignificant conditions contributing to	leath but not resultin	g in the underlyin	g cause given in Par	t i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	Hypertensoon				1 YES 2	NO	COMPLETION DF CAUSE OF GEATH?
	•						t 🗌 YES 2 🗎 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		20.5	107 07 07 17 17			
亨	EXAMINER? HOSPATAL:		OTHER:	ACE OF OEATH (Check			
HYS	27. MANNER OF OEATH 28a. DATE OF	ER/Outpatient 3 DOA		URY AT 28	d. OE\$CRIBE HOW I	NJURY OCCU	REO
0.	1 Natural 5 Pending (Month, De		NJURY WO	PRK? YES 2 NO			
ВУ		INJURY — Al home, farm	n, street, factory, offic	• 26	f. LOCATION (Street	and Number or	Rural Route Number,
TED	4 Homicide determined building, 4	rtc. (Specify)			City or Town, State)		
COMPLET	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a						
	29b. SIGNAPURE AND TITLE OF CEBSHFIER		,,,	29c, LICENSE NUMBE			SIGNED (Month, Day, Year)
TO BE	Shen A Kothman		Physician	LEW LIVERSE NUMBER		▶ 6	1/20/50
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS Struck A Rothman, MD		Pe Print)	2 S. Gre	ere St.	Bal	mD 21201

32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

r use as the burial-transit permit. Pages 1. 2, 3 should		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		(W -			2. DATE OF DEATH		3. TIME OF DEATH
	EVELYN	MARGARET	CR	ADDOCK		June 18,1		7:30 P. M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	220-07-9533		79 YRS.			Oct. 14,1		Maryland
~	9a. FACILITY NAME (If not institution, give st			· ·	OR LOCATION OF DE	ATN	9c. COUNTY	
Ē	Lorien Nursing H	ome		Colur	mbia		Howa	ird
JE C	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
5		Arundel	An	napolis				1 - YES 2 NO
3AL	10e. STREET AND NUMBER			10	Of. ZIP CODE			OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	864 Rudder Way				21401			S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	if yes, s	pecify Cuban, Mexicar		or No.— 14.	RACE — American Indian, Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	JATES	1 L YE	S 2 NO Specify			Specify: White
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a, OECEDENT'S	USUAL OCCUPAT	ION nost of working	16b. KIND OF BUS	INESS/INDUS	TRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during me retired.)				
MP	12 yrs		Homem	aker				
8	17. FATHER'S NAME (First, Middle, Last) John Lew	ic Ust	ton			ME (First, Middle, Maiden		Manusial
BE	John Lew	15 nat		ADDRESS (Street	Esther	loute Number, City or Town	erine	Merrick
2	Mrs. Shirley Maj	chrzak		me as #		,	, , , , , , , , , , , , , , , , , , , ,	
	20a, METNOD OF DISPOSITION	20	b. PLACE OF DISPOS			20c. LO	CATION — City	or Town, State
	1 Burlai 2 Cremation 3 Rame 4 Doneilon 5 Other (Specify)	oval from State	Green Mo	unt 6/	19/90	В	altimo	re. Md.
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER /		22. NAME	AND ADDRESS OF FAC	Balti	more,	Md. 21214
	· Muchine	Vice		Leon	nard J. Ri	ick. Inc.	5305	Harford Rd.
	23. PART I. Enter the diseases or	omplications that cause List only one cause on	d the death. Do r					t, Approximats
	IMMEDIATE CAUSE (Final	List Only One cause on	each iins.					interval Between Onset and Death
	disease or condition resulting in death)	a. adken	al en	suffe	ceercy			1-2 nem
		DUE TO (OR AS	A CONSEQUENCE OF	F): //	41/			
ON	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	vere	ndlar	<u></u>		
SAT	If any, leading to immediate cause. Enter UNDERLYING	nonspe	utical	ly otry) musical	diante	2 111	nette
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	of I				
CERTIFICATION	resulting in death) LAST	d. du	etticu	lose	2			
	PART II. Other significant condition		but not resulting	in the underlyl	ng cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
ICAL	Ity pothyro	(design				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AED	COPD.					_ _ /		1 YES 2 NO
ä								N/A
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (Chi	ick only one)		
YSi	1 TYES 2 NO	1 Inpetient 2 ER/Our		4 Nursing Ho	me 5 🗆 Rasidence			
	27. MANNER OF OEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	JURY W	NJURY AT VORK?	28d. DEŞCRIBE HOW I	NJURY OCCUP	RED
B	2 Accident Investigation	28e. PLACE OF INJUR	N — At home form		YES 2 NO	281, LOCATION (Street a	and Alumbas as	Drumi Drum Number
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.		straet, testory, on		City or Town, State)	ING PURIOR OF	EMP III E BALLIO PRACTICAN,
	29a. CERTIFIER 1 DE CERTIFYING PHYSI	ICIAN: To the best of my kno	wladna dasth occum	and at the time de	to and place, and due	to the course(s) and man	nor on stated	
M	one)							cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c, LICENSE NUN	IBER	29d. OATE S	IGNEO (Month, Day, Year)
) BE	Rufandlar	rhuloge			D31	575,	1 61	118/80.
2	30. NAME AND ADDRESS OF PERSON WH							
	Richard Kolodrub	etz, M.D.	9501 0ld	Ann apo	lis Rd.	Ellicott C	ity, №	1d.
	31. OATE FJ E NOTTE 202 1990	32 REGISTRAR'S SIG	NATURE					
	~ 1330	gelie Savidon	-Nontre					

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Or rem	aumatic event, the medic
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oue p	Item 23 shows any Injury, or other trau
Hygie	or ot
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Health and Mental	i u
Ith a	any
f Hea	OWS
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te De	E 2
e Sta	or Ite
ith th	ed, c
w thi	Jark
r dea	60
afte	28
hour	If Item 28
27	1 3
be filed within 72	PORTANT: II
filed	POR
2	X

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last)	CE M. DE	PNP			2. DATE OF DEATH MONTH	20 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/3-26-3/60	/	5		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)	20	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give st LIBERTY MED	reet and number)	TER E	BALTII	LOCATION OF DE	CITY	BAL?	OF DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		12-1	OWN OR LOCATIO	N			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO
100. STREET AND NUMBER Pask	Heights	Ave	101. 2	1P CODE 2/21	15	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		fy Cuben, Mexice	IIC ORIGIN? (Specify) n, Puerto Ricen, etc.) ::	es or No— 14.	RACE — American Indian, Black, White, stc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	k done durina most	of working	16b. KIND OF B	USINESS/INDUS	FRY
17. FATHER'S NAME (First, Middle, Last)	1,			IS. MOTHER'S NA	ME (First, Middle, Maid	on Surname)	
WILLIAM BOSS		T 195 MAILING AC	ORESS (Street and		Poute Number, City of T	nun Statu Zin Co	dal
Tayon B	ryan	2916	Viole	+ Ave	B	AU, M	1 21215
20s. METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		PLACE OF OISPOSITION Of the piace)	ON (Name of come	ery, cremetory or Al Cl	M CG	CONSUI	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	Elron		42. MAME AND	ADDRESS OF FA	CILITY WES	Ave-	,
23. PART I. Enter the diseases, or canock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ano Ko	ch lina.	eeph	alop	alty	piretory arrest	Approximate Interval Between Onset and Death
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HYPERTE	CONSEQUENCE OF):	rest CA	RDIOV	AS CUL	to AR I	OSEASE
PART II. Other significant condition	s contributing to death bu	t not resulting in t	tha underlying	cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATN (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 - ER/Outpar		THER: Nursing Home	5 - Residence	6 C Other (Specify)		
27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOR	RY AT C? S 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCUP	REO
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif		et, factory, office		261. LOCATION (Stre City or Town, Sta		Rural Route Number,
One of the orang	CIAN: To the best of my knowle R: On the basis of examination						
296. SIGNATURE AND TITLE OF CERTIFIED	lashini.	MD		29c. LICENSE NUI	MBER 48	29d. DATE S	1GNED (Month, Day, Year) 20 -19 90
30. NAME AND ADDRESS OF PERSON WIN	O COMPLETEO CAUSE OF DEAT	TH (ITEM 27) (Type, Pr	ery b	EIGHT.	Thre	212	-15
31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA		. (

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

CTATE OF MADYLAND / DEPARTMENT OF HEALTH AND MENTAL INVOICE

1 - STATE REGISTRAR		CEI	KIIFI	CATE	OF	UEAI	п		REG.	NO.			
1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEAT	H DAY		VEAR	3. TIME OF DEATH
Erne	#	DIXON		1	R.			монт	6	19		YEAR O	11:25 AM
	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. lest b		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE	OF BIRTH	38	•	6. BIRTH Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre	et and number)		_	9b. CITY,	TOWN OF	R LOCATIO	N OF DE				c. COUNT	TY OF DI	
FRANCIS SCOT	TKEY			BA	LTI	MORE	. 1	1D					
RESIDENCE OF DECEDENT													
10a. STATE 10b. COUNTY				TIM(TY						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE				1	0g. CITIZI	EN OF W	HAT COUNTRY?
805 N. MADEI	RIA ST.	•				212	205				U	SA	
	12. WAS DECEDEN	IT EVER IN U.S. ARMI	ED			NDENT O					No- 1	14. RACE	American Indian, , White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorcad	IF YES, GIVE V	YES 2 XX	,			cify Cubar 2 X NO			MICHT, MC	-)		Specif	
15. DECEDENT'S EDUC	TION	16a DECE	EDENT'S I	USUAL OC	CHIPATION			144	KIND O	BUGIN	ESS/INDU	ETOV	DENOR
(Specify only highest grade of	ompleted)	(Give	kind of we	ork done du retired.)	uring mos	t of working	9	100	J. KIND O	DOSIN	L33/1100	JIMI	
9 th	College (1-4 or 5	CRAN	١E	OPE	RAT	0 R			COS	TAL	ST	EEL	
17. FATHER'S NAME (First, Middle, Last)	n .								Middle, Mi		mame)		
ERNETT DIXON SI	κ.								HOM				
19a. INFORMANT'S NAME (Type/Print) DELORES DIXON			MAILING A	ADDRESS									D. 21205
20s. METHOD OF DISPOSITION		20b. PLACE OF	F DISPOSI	ITION (Nan	ne of cem	etery, crem	natory or		_		TION — C		
1 Donation 5 Other (Specify)	val from State	BALII	Î MOR	E , CI	EME'	TERY	/			BAL	TIM	ORE	, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE					D ADDRES		CILITY					,
> Gladus	Wa	C_00		l hall	мс	B/I /	DCL		1.1	110	1 5	M	ODTH AVE
				W	M . C	• 1º1 <i>F</i>	KCL	I	п.	TIO	1 [• IV	IORTH AVE
23. PART I. Enter the diseases, or co			th. Do no	_									Approximate
shock, or heert failure. L IMMEDIATE CAUSE (Finel	lst only one car	use on each line.	th. Do no	_	the mod	de of dyl	ng, suc	h ee cer					
shock, or heert failure. L	lst only one car	use on each line.	Pulm	ot enter t	the mod		ng, suc	h ee cer					Approximata interval Between
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition	Prob	O (OR AS A CONSECU	Pulm	ot enter t	the mod	de of dyl	ng, suc	h ee cer					Approximata interval Between
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione,	Prob	use on each line. Who for as a conscount with the conscount of the consco	PULM JENCE OF	ot enter t	the mod	de of dyl	ng, suc	h ee cer					Approximata interval Between
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Prob	O (OR AS A CONSECU	PULM JENCE OF	ot enter t	the mod	de of dyl	ng, suc	h ee cer					Approximata interval Between
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if eny, leading to immediate	DUE TO	use on each line. Who for as a conscount with the conscount of the consco	JENCE OF	ot enter t	the mod	de of dyl	ng, suc	h ee cer					Approximata interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-tral be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. REGISTRAR'S SIGNATURE
2 2 1000 Julia Sevidor Andres 31. DATE FILED (Month, Day, Year)

houses part with

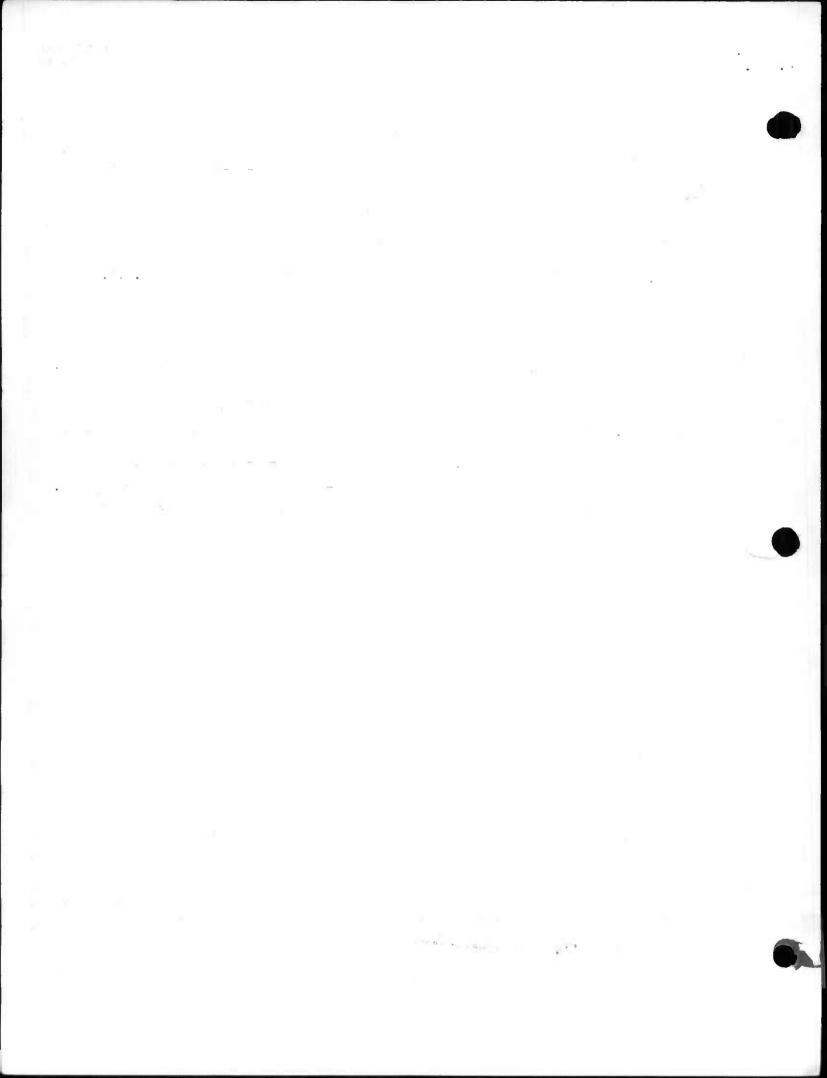
IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	CERTIFIC			MENIAL TIGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YI	3. TIME OF DEATH
	Earl (lem	ent Dolle	nger			06 19	90	3:00 P. M
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE (II	n yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	217-14-6595 18	M2 DF 67	7 YRS.	IONTHS DAYS	HOURS MIN.	10 15	22	Md.
	9a. FACILITY NAME (If not institution, give street ar	nd number)	19	b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
8	351 Bonsal Street			Balt	imore (i	ty		
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOCA	NON			10d. INSIDE CITY
DIRECTOR	Md		1	altimon				1 VES 2 NO
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2	351 Bonsal Street				2/224			1154
FUNERAL	11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify	ee or No 14.	RACE — American Indien, Bleck, Whita, etc.
	I [] Herer married 2 married	FORCES? 1 TYES IF YES, GIVE WAR OR DA			ecify Cuban, Mexican 2 X NO Specify	n, Puerto Rican, etc.)		Coophy
ğ	3 🔀 Widowed 4 🗌 Divorced							White
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N leted)	(Give kind of wo	SUAL OCCUPATE ork done during mo retired.)	ON ist of working	16b. KIND OF 8	USINESS/INDUS	TRY
	Elementery/Secondary (0-12) Col	liege (1-4 or 5+)	Truck	-		Evva	n (orp.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		THUCK	JICLVER	40 MOTHED'S NA	ME (First, Middle, Maid		
	Louis Adam Dolleng	-2 -				e Grieb	m Surneme)	
BE	190. INFORMANT'S NAME (Type/Print)	er sr.	19b. MAILING A	DDRESS (Street		Route Number, City or T	own, State, Zip Co	de)
이	Earl A. Dollenger					Lto., Md.		
	20a, METHOD OF DISPOSITION	20b	PLACE OF DISPOSE				OCATION City	or Town, Stata
	1 Durial 2 Cremation 3 Ramovat f	rom Stata	other place) Gre	en Moun	t (remate	ory B		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Ε . Α		22. NAME A	ND ADDRESS OF FA	CILITY		2 100
	> Charles 1	1 Bulan		Charl	es S. Ze	iler & So	n. Inc.	901 S. Conkling St.
	23. PART i. Enter the diseases, or comp	lications that caused	the death. Do no					
	ahock, or heart fallure. List of	ona cause on es	ach line.		, .		,	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		holalate	- 4	'y Cara			& morth
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF)		1 -01			O MORIA
z								ļ
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:				
2	cause. Enter UNDERLYING CAUSE (Disease or injury							
1	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
		,		•				
5	d			:				
AL CERTIFICATION	PART II. Other algnificant conditions con		ut not reaulting In		g cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
Ŋ.	d		ut not reaulting In		g cause given in	Part I. 24a. WAS. PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ŋ.	d		ut not resulting In		g cause given in	PERF	ORMED?	AVAILABLE PRIOR TO
Ŋ.	d		ut not resulting in		g cause given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ŋ.	PART II. Other algnificant conditions condit	ntributing to death b		the underlying	g cause given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ŋ.	PART II. Other algnificant conditions condit			the underlying the un	LACE OF DEATH (Ch	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ŋ.	DART II. Other algnificant conditions condit	ntributing to death b		28. P OTHER: 4 Nursing Hot	LACE OF DEATH (Ch	PERF 1 YES	ORMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	DART II. Other algnificant conditions condit	ntributing to death be	etient 3 DOA	28. POTHER: 4 Nursing Hot OF 28c. IN WY 28. W	LACE OF DEATH (Ch	PERF 1 VES eck only one) 8 Other (Specify)	ORMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	d	ntributing to death be	etient 3 DOA 28b. TIME INJU — At home, farm, et	26. POTHER: OF 28c. IN W M 1	LACE OF DEATH (Ch ne Masidenca JURY AT 9K5 2 NO	PERF 1 VES eck only one) 8 Other (Specify)	ORMED? 2 NO WINJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	d	OSPITAL: Inpetient 2 - ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	etient 3 DOA 28b. TIME INJU — At home, farm, et	26. POTHER: OF 28c. IN W M 1	LACE OF DEATH (Ch ne Masidenca JURY AT 9K5 2 NO	PERF 1 VES eck only one) 8 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street	ORMED? 2 NO WINJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	d	DSPITAL: Inpetient 2 ER/Outp (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Spec	etlent 3 DOA 28b. TIME INJU — At home, farm, st	28. POTHER: 4 Nursing Horory M 1 reet, factory, offi	LACE OF DEATH (Ch. ne M Rasidenca JORK7 YES 2 NO	PERF 1 VES ack only one) 5 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Streen City or Town, State)	ORMED? 2 NO V INJURY OCCUP et and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Bural Route Number;
ED BY PHYSICIAN: MEDICAL	DART II. Other algnificant conditions condit	Intributing to death be self-under the self-under t	etient 3 □ DOA 28b. TIME INJU	28. POTHER: 4 Nursing Hot OF 28c. IN W 1 1 reet, factory, offi	LACE OF DEATH (Ch ne M Realdence JURY AT JURY 2 NO	PERF 1 VES ack only one) 5 Other (Specify) 26d. DE\$CRIBE HOTO City or Town, Ste	ORMED? 2 NO V INJURY OCCUI et and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Bural Route Number;
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COMPLETED BY PHYSICIAN: MEDICAL	DART II. Other algnificant conditions condit	DSPITAL: Inpetient 2 - ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) building, atc. (Special Control of the Design of examination the basis of examination	etient 3 DOA 28b. TIME INJU —At home, farm, et ledge, desth occurred a and/or investigation ATH (ITEM 27) (Type,	28. POTHER: 4 Nursing Hor OF 28c. IN W 1	LACE OF DEATH (Ch. The Aller and Ch. Realdence JURY AT JURY	PERF 1 VES ack only one) 8 Other (Specify) 26d. DESCRIBE HOT 28f. LOCATION (Streen City or Rown, Streen City o	ORMED? 2 NO VINJURY OCCUI et and Number or te) namer as stated, and due to the c	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEOTCAL EXAMINER? 1	DSPITAL: Inpettent 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY building, atc. (Spec	estient 3 □ DOA 28b. TIME INJU — At homa, farm, st sidely, deeth occurred and/or investigation	28. POTHER: 4 Nursing Hor OF 28c. IN W 1	LACE OF DEATH (Ch. The Aller and Ch. Realdence JURY AT JURY	PERF 1 VES ack only one) 8 Other (Specify) 26d. DESCRIBE HOL 28f. LOCATION (Street, Street	ORMED? 2 NO VINJURY OCCUI et and Number or te) namer as stated, and due to the c	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,



FOR

	1 - STATE REGISTRAR	SIAIL OF MARIE		ICATE OF	DEATH	REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH	Y_ YEAR	3. TIME OF DEATH				
	V	PETER GEO	DRGE DRZE	EWIECKI		6/19/	90	8 7 M				
}		345 m =	(In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 → 24 → 191	Cour	THPLACE (State or Foreign stry) RYLAND				
E I	90. FACILITY NAME (If not institution, give stre CHURCH HOSPITA	eet end number)			TIMORE	ATH	9c. COUNTY OF					
6	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND 106. COUNTY		1	y, town or loca BALTIMO	RE CITY			10d. INSIDE CITY LIMITS? 1 (X) XES 2 \(\text{NO} \) NO				
	10e. STREET AND NUMBER	4	-	10	I, ZIP CODE	_	10g. CITIZEN OF WHAT					
ER	403 N. ROSE STREE	T = ===			212:	2.4	u.	S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.) y:	Bie	14. RACE — American Indian, Black, White, etc. Specity: WHITE				
B	15, DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	18e. DECEDENT'S	USUAL OCCUPATI	ON ost of working	18b. KIND OF BUS	SINESS/INDUSTRY					
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	se retired.)								
MP	8TH GRADE	N/A	F11	REMAN				FIRE DEPT.				
	17. FATHER'S NAME (First, Middle, Last)				W. C. 1 (C. C.	ME (First, Middle, Meiden RINE GACA	Sumame)					
H	STEVEN DRZEWIECKI 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		RINE GALA Route Number, City or Tow	n, State, Zip Code)					
2	WILLIAM W. DRZEWI	FCKT	6621	CARDIFF	AVENUE	BALTIMORE	MARYLA	ND 21224				
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo		b. PLACE OF DISPO other place)				CATION — City or					
	4 Donation 5 Other (Specify)	S	T. STÁNIS			-23-90 BA	LTIMORE.	MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			A DIICK F		F OF DUA	DALK, INC.				
	4 masc	Gard	٩			VENUE DUN						
	23. PART I. Enter the diseases, or co			not anter the me	oda of dylng, suc	h as cardiac or reap	iratory arreat,	Approximate Interval Between				
	ATTICLE AND ADDRESS OF THE PROPERTY OF THE PRO											
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated evente resulting in death) LAST CAUSE (Disease or injury that initiated evente resulting in death) LAST CAUSE (Disease or injury that initiated evente resulting in death) LAST CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):											
DICAL	PART II. Other algolificent conditions	e contributing to death	but not reaulting	in the underlyir	ig ceuse given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
8						1 🗆 YES :	OF DEATH?					
ME						— [1 _ YE\$ 2 _ NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C)	neck only one)						
Sici	EXAMINER? 1 TYES 2 TO NO	HOSPITAL:	tostlent 3 DOA	OTHER:		6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN	JURY AT ORK? YES 2 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, ecify)			28f. LOCATION (Street City or Town, State	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wledge, death occur	red at the time, dat	e end place, end due	e to the cause(s) end me	nner as stated.					
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the besis of examinati	on end/or investigati	on, in my opinion,	death occured at the	time, date end plece, er	nd due to lhe ceus	e(e) end menner es stated.				
BE	29b, SIGNATURE AND TIPLE OF CENTIFIER	110 111			29c. LICENSE NU		> 61	ED (Month, Day Year)				
5	30. NAME AND ADDRESS OF PERSON WHO DR. IRENE IBA	RRA, M.D.	100N. H	BROADWA	CH HOSE Y BALT	TIMORE, M	PORATION 212	31				
	31. DATE FILED (Morith, Day, Year) JUN 22 199	O Suis land	NATURE	1								



ined by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerabe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Carla S.

31. DATE FILED (Month Day Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

out be deturbed for use as the burish-transit permit. Pages 1, 2, 3 should iffied at once.

MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

Michael E	nsmi	nger		CATE O	T DEA	IH	2. DATE MONTH	OF DEATH	-90	YEAR	3. TIME OF DEATH 3.58 pm
4. SOCIAL SECURITY NUMBER 213-58-7841	5. SEX 1 M 2 F	6. AGE (In yrs. to	st birthday) YRS.	IF UNDER 1 YEA		MIN.	(Month	of BIRTH 1, Day, Year) 15 - 5	50	S. BIRTH	SH, D, C,
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOV	N OR LOCAT	ION OF D	EATH			NTY OF DE	
Stella Maris Hosp	pice			T	owson				E	alti	more
10a. STATE 10b. COUNTY			19c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
Maryland Mont	tgomery		01	ney	10f. ZIP COD	25		-	40- 017	75N 05 W	1 YES 2 X NO
17700 Prince Edwa	ard Drive				2083				US		HAI COUNTHY?
11. MARITAL STATUS	12. WAS DECEDEN		RMEO	13. WAS			NIC ORIGIN	? (Specify Yes			- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X		If yes	specify Cub ES 2 1 NO	an, Maxic	nn, Puerto I				White, etc.
15. DECEDENT'S EDU (Specify only highest grade		- 4	The kind of w	USUAL OCCUP	ATION	ina	16b	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	-)	a. Do NOT us	e retired.)				,			
12	1		паіг	Dresse				Cosmet		1	
17. FATHER'S NAME (First, Middle, Last)								Middle, Malden	Surnama)		
Lewis B. Ensm	ninger .						e Hu				
19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Str							
Grace Ensming	ger			Prince				_	Mary J		20832
1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other p	decel	of He	,.	matory or					g, Md.
21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE		date		AND AOOR	ESS OF F	ACILITY	DII	vel r	PLII	g, Mu.
+ Roy w. S	Saula	1			Muri	el H	Ba	rber F		_	me ,Md. 20882
23. PART i. Enter the disease, or ahock, or haart fallure.				ot anter tha	mpda of d	ying, au	ch aa card	ilac or reap	Iratory an	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Acqui	red I	กทเ		ifici	enc	4 51	Indra	ome	,	Onset and Death
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSI		•							
resulting in death) LAST	Q									24b.	1
	ns contributing to	desth but not	reaulting I	n the under	ying couse	given ir	Part I.	24a. WAS AN PERFO 1 YES			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
resulting in death) LAST	ns contributing to	death but not	reaulting i	n the under	ying couse	given ir	Part I.	PERFO			AMILABLE PRIOR TO COMPLETION DF CAUSE
PART II. Other algoriticant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	L PLACE OF	DEATH (C	heck only or	PERFO 1 VES	2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (NO 27. MANNER OF DEATH 1 Natural 5 Pending		ER/Outpatient	3 🗆 DOA	2: OTHER: 4 Nursing E OF 28c	i. PLACE OF	DEATH (C	heck only or	PERFO 1 VES	Hospi	.ce_	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algoriticant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, L.) 28e. PLACE O	ER/Outpatient	3 ☐ DOA 28b. TIM INJ	2: OTHER: 4 Nursing E OF URY M 1	INJURY AT WORK?	DEATH (C	beck only or 8 Other 28d, DE	PERFO 1 YES ne) r (Specify)	HOSDI	CCE CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpetient 2 Eas. DATE Of (Month, L) 28e. PLACE C building.	ER/Outpatient INJURY INJURY INJURY At her. (Specify) my knowledge, of	3 DOA 28b. TIM INJ 28b. TIM INJ 28b. TIM INJ	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	. PLACE OF 1 Indoor 5	DEATH (C	a to the case	PERFO 1 VES TO Specify) SCRIBE HOW CATION (Street or Town, State use(a) and ma	HOSDI	CCE CURED or Aural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO

Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

A PROSTRANCE PRIVATURE

PARTIES ON THE BOTH THE THE TENTON THE TOTAL THE TENTON ME Fig. 0 wenty described in the State of the S

examiner must be notified	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
ai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should
nearn. Fage o may be retained	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 mous after death. Page of may be retained to

									70	100	174			
	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF I		MENTAL HYGIEN							
	1. OECEDENT'S NAME (First, Middle, Last	ŋ					2. DATE OF DEATH			3. TIME OF DEA	ATH			
	Homes	Ellis	*	-			MONTH D	NY.	YEAR 90	18:40	AM			
-1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or I	Foreign			
	220-24-2884	1 🔀 M 2 🗆 F	68	YRS.	MONTHS DAYS	HOURS MIN.	MAY 6, 1	922	NOR		ROLII			
	9a. FACILITY NAME (If not institution, give		00		96. CITY, TOWN	OR LOCATION OF OR		-	INTY OF D		COLI			
5	HARSRA N	remorial	1/1 1/1 1/1 1/200											
DIRECTOR	10a. STATE 10b. COUN	πγ		10c. CITY	, TOWN OR LOCA					10d. INSIDE CIT	Υ			
		ARFORD		<u> </u>	STRE	ET				1 TES 2 ()	₩О			
4	10e. STREET AND NUMBER				10	I. ZIP CODE		10g. CF	TIZEN OF W	VHAT COUNTRY?				
5	1526 CLEARVIE	W DRIVE				2115	54	UNI	TED	STATES	3			
PUNERAL	11. MARITAL STATUS		T EVER IN U.S. AF		13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		14. RACE	— American Inc.				
	1 Never Married 2 Married	FORCES? 1	YES 2 💢	NO	1 T Yes, s	S 2 NO Specify	nn, Puerto Rican, etc.)							
	3 🔀 Widowed 4 🗌 Divorced								W	HITE				
COMPLEIED	15. DECEDENT'S ED (Specify only highest gra		16a. DE	ECEDENT'S	USUAL OCCUPAT	ON out of working	16b. KIND OF BU	SINESS/IN	DUSTRY					
4	Elementary/Secondary (0-12)	College (1-4 or 5	+) _		rork done during m e retired.)									
1	5		Ţ	REE	TRIMME	R								
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)						
- 1	SAMUEL R.	ELLIS				AL	ICE HAYN	ES						
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street		Route Number, City or Tox		ip Code)					
2	SUSAN J.	SMITH		3324	DUBLI	N MANOF	R ROAD S	TRE	FT.	MD 21	154			
			20b, PLACE			metery, crematory or			- City or To					
	20g, METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Ra 4 🗆 Donation 5 🗀 Other (Specify)	moval from State	BEL P	AIR	MEMORI				_	MARYLA	ND			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	100	0		IND ADDRESS OF FA		_ //	11()	IIAN I L	N D			
	0/1	RI	1	10.				. Т		D	DA			
	when	11 10	reless	right			ERAL HOM			DELTA	, PA			
	23. PART 4. Enter the diseases, o shock, or heart fellure				ot antar tha m	oda of dying, suc	ch as cardiac or reap	iratory a	rrest,	Approxim	nate Between			
- 1	IMMEDIATE CAUSE (Final	s. List billy ona car	use on aach mik	и.	1	1					nd Death			
- 1	disease or condition	Ca	rdiAc	1-										
	resulting in death)	a												
ا ج		Resouratory Herrest												
5	Sequantially list conditions, if any, leading to immediate	QUE TO	(OR AS A CONSE	-	ና):			,						
HIFICATION	cause. Enter UNDERLYING	. H.SO	IMPTON	V	sever	e Hui	ooxem	IA		ļ				
Ĭ	CAUSE (Disease or Injury that initiated events	DOE TO	(OR AS A CONSE	QUENCE OF	F):	11	-// -//							
	resulting in death) LAST	Inas	SIVE	.54	roko	,				ļ				
5				211	0,00					1				
4	PART il. Other algnificant conditi	•	daath but not	resulting i	in tha undariyi	ng cause given in	Part I. 24a, WAS AF PERFO		7 24b	WERE AUTOPSY				
3	Huperte	PASION					1 _ YES			COMPLETION OF OF DEATH?				
MEDICAL	//									1 YES 2	NO			
2														
Y Y	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (C/	heck only one)							
HYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		6 Other (Specify)							
ا ۽	27. MANNER OF DEATH	28s. DATE O		28b. TIM		JURY AT	28d, DESCRIBE HOW	INJURY O	CCURED					
7	1 Natural 5 Pending	(Month, I	Day, Year)	INI	URY W	YES 2 NO								
B	2 Accident Investigation		OF INJURY — At h	ome form			28f. LOCATION (Street	and Mumb	er or Burni	Bruds Mumber				
3	3 Suicide 8 Could not b	building	, etc. (Specify)		341, 1801017, 011		City or Town, State		or or country					
щ		- 111		_			L	"-						
MPLEI	(Critical Orliny						e to the cause(s) and me							
SC	MEDICAL EXAMI	NER: On the beals of	examination and/or	Investigation	on, in my opinion,	death occured at the	e time, date and place, a	nd due to	the cause(s) and manner as	stated.			
	29b. SIGNATURE AND THE OF CERTIF	TER (1	11			29c. LICENSE NU	MBER	29d, DA	y'E SIGNED	Mayor Day He	ir)			
H	Mys -	1			-			-	6/15	170				

JUN 22 1990

Day door

DHMH-16 Rev 1/89

MP

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

REGISTRAN			LAITIEN	JAIL	JF DEAT	-	REG. NO.		-		
1. DECEDENT'S NAME (First, Middle, Last)		DODE							year 90 11: 30 A m		
Richard A-	Emge							20	90		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. i		IF UNDER 1 YE	AR IF UNDER 2	4 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNP Country)	LACE (State or Foreign	
212-05-3622	14 M 2 □ F	76	YRS.								
9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCATIO	N OF DEA	TN	9c. COUNT	TY OF DE	ATN	
	g Center			Ва	ltimore	e Cit	ty	Ci	ty		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		40. 0/7/	TOWN OD I	00171011					AAA INDIDE OUTV	
				TOWN OR L						10d. INSIDE CITY LIMITS?	
Md.			l Ba	ltimore	4					1 YES 2 NO	
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
941 Argonne Drive					21218			USA			
11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. /					C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No-	14. RACE	- American Indian, White, etc.	
1 Never Merried 2 Merried		MAR OR DATES	Jivo		YES 2 NO		roeno nicani, atc.)		Specify	r;	
3 ₹ Widowed 4 □ Divorced X X White											
15. DECEDENT'S EDU (Specify only highest grade		16a, I	Give kind of wo	SUAL OCCU	PATION og most af working	7	16b. KIND OF BUS	SINESS/INDU	JSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5		6. Do NOT 1100 Guard	retired.)							
,,,			addi d								
17. FATHER'S NAME (First, Middle, Last)					18. MOTN	ER'S NAM	E (First, Middle, Maiden	Surname)			
Lawrence B. Emge Sr.					May	Tully	У				
19e, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Number of	or Runel Ro	oute Number, City or Town	n, State, Zip	Code)	7	
Lawrence B. Emge Jr.			941 Argo	onne Dr	ive Bal	timore	e, Md. 21218	,			
20e. METNOD OF DISPOSITION 1 Suriel 2	oval from State	20b. PLAC	e of disposi Pand Men	TION (Name	e 22, 19	90	20c, LO	cation — c Baltim	or Tow	m, State Md.	
21. SIGNATURE OF FUNERAL SERVICE LI		1		22. NA	AE AND ADDRES	S OF FACI	ыт ^у 5305 Нат	ford	D.d.	2121/4	
▶ James F. Gladden	James J.	blad	den				ck, Inc.	. 101 u	Nu .	21214	
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Onset and Death Due to (or as a consequence of):									Interval Between Onset and Death	
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONS	EOUENCE OF	2							
PART II. Other significent condition	ns contributing to	deeth but no	t reculting in	the Unde	rlying csuse g	iven in F	Part I. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS	
PNORMONI	4.	MALN	J. Min	an	•		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	1			•						OF DEATH? 1 YES 2 NO	
					-		-			1 123 2 1 10	
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DE	EATN (Cha	ck only one)				
EXAMINER?	HOSPITAL:			OTHER:							
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2		28b. TIME		c. INJURY AT	eldence 8	3 Other (Specify) 28d. DESCRIBE NOW I	N.IIIBY OCC	HIBED		
1 Netural 5 Pending 2 Accident Investigation		Day, Year)	INJU	JRY	WORK?	NO	260. DESCRIBE NOW I	INJUNY OCC	ONED		
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)									oute Number,		
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of any knowledge, death occurred at the time, date and placa, and due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.											
290. SIGNATURE AND TITLE OF CERTIFIED 290. LICENSE NUMBER 294. DATE SHOWED MINER											
120.5	4/2	M			DI	ry J	7	•	6/20	190	
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	USE OF DEATH (I	TEM 27) (Type,	Print)	1-:	•			1		
Timothy Bess	ent M.D.								/		
JUN 22 13	32. REGISTI	AR'S SIGNATURI	British								

. was in the state of the state o

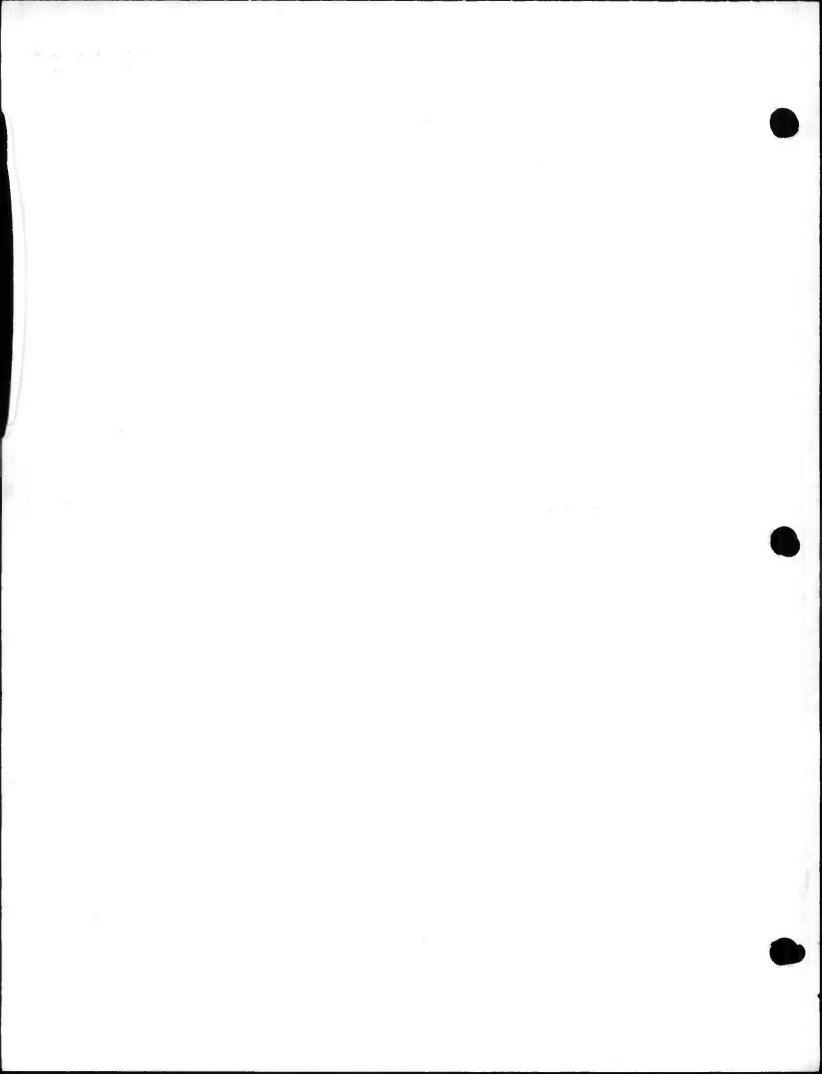
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ShEET 5 90 16896

1	-	FOR STATE REGISTRAR
П	-	ECEDENT'S NA

1 - STATE REGISTRAR		OIME OF I		CE				DEATH		REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)				,				2. DATE OF	DEATH			3. TIME OF DEATH
Dona	F	155	en	den			MONTH DAY			YEAR 90	4:25 DM		
4. SOCIAL SECURITY NUMBER		5. SEX			birthday)		YEAR	IF UNDER 24 HRS.	7. DATE OF				IPLACE (State or Foreign
		1 M 2 🗆 F	5:		YRS.		DAYS	HOURS MIN.	(Month, De	ny. Ybar)		Count	γ)
2 2 0 - 3 2 - 3 5		1	Э.	3						/36		ОН	
		_				96. CITY,	IOWN O	R LOCATION OF DE	AIH		9c. COL	INTY OF D	EATH
HARBOR HO		AL CENT	ER			BA	LTI	MORE			<u> </u>		
RESIDENCE OF DEC	10b. COUNTY	,			10c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY
	1021 0001111												LIMITS?
MD.					BA	LTIM	_						1 YES 2 NO
10e. STREET AND NUMBER							101.	ZIP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?
10 ALCO	PLACE							21226				.S.	
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1						ENDENT OF HISPAN ecify Cuban, Maxica			or No-	14. RACI Blac	E — American Indien, k, Whita, atc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						2 NO Specify		,,		Spec	
													HITE
	EDENT'S EDU			(G)	ve kind of v	USUAL OCK work done du		ON st of working	16b. KII	ND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+}	He.	Do NOT us	e retired.)							
				I.	IAND	YMAN							
17. FATHER'S NAME (First, M	fiddle, Last)							18. MOTHER'S NA	ME (First, Midd	de, Maiden	Surname)		
CHARLES	FESSI	ENDEN						EDNA	COMBS				
19a. INFORMANT'S NAME (Type/Print)			198	MAJLINO	ADDRESS	(Street a	nd Number or Rural I	Route Number,	City or Tow	n, State, Z	ip Code)	
Charles	Fesse	enden-B	rotl	ner)	24	30 B	run	swick	Rd.,	Balt		Md	. 21227
20a. METHOD OF DISPOSIT			_					netery, crematory or				City or To	
1 Buriel 2 Cremetic		oval from State		other ple	ice)			,,					,
21. SIGNATURE OF PUNERA		ENSEE				22 N	AME AN	ID ADDRESS OF FA	CILITY				
X		1					AME A	D ADDRESS OF TA	O.C.I.I				
rance	dAU	Idea				s	TAT	E ANAT	ому в	OARI	О, В	ALT	O., MD.
23. PART I. Enter the d						not enter t	he mo	de of dying, suc	h se cardiec	or respi	iratory e	rreat,	Approximete
		List only one car	ise on e	ach line									Interval Between Onset end Death
iMMEDIATE CAUSE (Find disease or condition	nei	/	1/2	7:		£ 40		1.600	+1.				onset one south
resulting in death)	→	a	epi	U/1 C	MENOE O	070	4	shalo pa	110				
Į.							,						į
Sequentielly list condit	ions.	ь	21	2/3	UENCE O								
if any, leading to imme	diete	DUE 10	ORAS	CONSEC	PUENCE O	F):	0	. /					
ceuse. Enter UNDERLY CAUSE (Disease or inju		c. /<	saf	ura	(02	y /		cun					
that initiated events		DUE TO	(OR ACS	a consequence of: siratory failure a consequence of: failure									
resulting in deeth) LAS	" L	d	eno	-	07	-ail	ur	C					
PART II. Other significa	ent condition								Part i 24	la. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
							20119111	g cause given in		PERFOR		1	AMILABLE PRIOR TO COMPLETION DF CAUSE
		ris		/ %		1 /2			—] ¹	YES 2	NO		DF DEATH?
l	460	cholis	in]				1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL							ACE OF DEATH (Ch	eck only one)				
1 VES 2 NO		HOSPITAL:	ER/Out	patient 3	□ DOA	OTHER 4 Nursi		se 5 🗆 Residence	# Other (S	Specify)			
27. MANNER OF DEATH		28a. DATE OF			28b. TIN	E OF	28c. INJ	JURY AT	28d. DESCR		INJURY O	CCURED	
1 Natural 5	Pending	(Month, L	Day, Year)		IN.	JURY		YES 2 NO					
2 Accident	Investigation	28e. PLACE (OF INJUIN	(- At bo	me. ferm	street facto			28t. LOCATI	ON (Stract	and Numh	er or Rumi	Route Number,
3 Suicide 6 4 Homicide	Could not be determined		, etc. (Spe		, 1011111,	vi, imcto	. y, write	-		Town, State)		- W INDIAN	
	-111.63.43												
29a. CERTIFIER 1 CER	TIFYINO PHYS	ICIAN: To the best o	f my knov	viedge, de	ath occum	red at the tir	ne, date	and place, and due	to the cause	(a) and ma	nner as st	sted.	
	ICAL EXAMINE	R: On the basis of	examinatio	on and/or	investigation	on, in my op	olnion, d	leath occured at the	time, data an	d place, ar	nd due to	the cause(a) and manner as stated.
29b. SIONATURE AND TITL	E OF CERTIFIE	R	-3					29c. LICENSE NUI	MBER		294 D4	TE SIGNE	D (Month, Day, Year)
10	2 /1	4	2.	1				THE LIVERISE RU	1000		D	6-	15-90
20 NAME AND ADDRESS OF	E DEDCOM III	IO COMPILETO	ioe or o	ATU OT	H 070 07	Delet*							
20. NAME AND ADDRESS OF	A.	COMPLETED CAL			м 27) (Туре	s, Print)	HAY	rbor 1	Hosp	ITA	16	Ce	D (Morith, Day, Year) 15-90 NTEL
31. DATE FILED (Month, Day,	990	32. REGISTR	AR'S SIG	THE A					J				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 - STAT	TE ISTRAR	S	STATE OF M) / DEPAR Certif					MENTA	NL HYGIEN REG. NO.	E		
_	ENT'S NAME (Elist, Middle, La	si)	FRENCH					ミル		2. DATI	e of peath th June of	15, 1	990.	3. TIME OF DEATH
4. SOCIAL 5// 5 ファ	SECURITY NUMBER) 5, 3	SEX M 2 D F	6. AGE(II) yrs	s. last birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.		OF BIRTH		8. BIRTH	PLACE (State or Foreign
	TY NAME (If not institution, gi Lberty Medic 31=127	a stroot	enter	C=	NIE	96. cm Ba	, jowy o	R LOCATION	City	ATH Y,	TURE	9c. CO	JNTY OF D	
RESIDE	NCE OF DECEDENT	INTY			10c CI	TOWN.	OR LOCAT	ION						10d, INSIDE CITY
Marx														LIMITS?
	Maryland Baltimore 100. STREET AND NUMBER 100. CITIZEN OF V													
20.0								1229						
11. MARITA	South Athol		1110 WAS DECEDENT	EVER IN U.S.	ARMEO	13.		/	F HISPAN	IIC ORIG	IN? (Specify Yes	or No-	14. RÁCE	- American Indien,
10e. STREET AND NUMBER 22 SOUTH AT HOT AVENUE 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES WAND IF YES, GIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES WAND IF YES, GIVE WAR OR DATES) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of working limits. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										k, White, etc.				
										, K				
Elemen	(Specify only highest gardeny/Secondary (0-12)		pleted) pllege (1-4 or 5 +	, —	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of workin	ng .					
1					Unknow	wn					Unknov	wn		
17. FATHER	R'S NAME (First, Middle, Last)							18. MOTI	HER'S NA	ME (First,	Middle, Malden			
	?									?				
19e. INFOF	RMANT'S NAME (Type/Print)				19b. MAILING	3 AODRES	S (Street a	nd Number	or Rural I	Route Nur	mber, City or Tow	n, State, Z	ip Code)	
Shir	clev Grandis	on		_	22 So	uth 1	Athol	l Ave	enue.	, Ba	ltimore	e, M	D 212	229
	HOD OF DISPOSITION			20b. PL/	ACE OF OISPO	SITION (N	ama of cen	netery, cren	natory or		20c. LO	CATION -	- City or To	own, State
	tion 5 ☐ Other (Specify) _	emovai	from State	West	er place) ern Si	tar (Cemet	tery			Cat	onsv	ille,	MD
21. SIGNA	URE OF FUNERAL SERVICE	LICENS	9É \			22	NAME AN	ID ADDRE						
1	Wines als	mel	- lacio	_		Ma	arsh	all V	V. Jo	ones	, Jr.	Fune	ral F	Home PA
Sequent If eny, is cause. E CAUSE (that initial	disease or condition resulting in death) a. PNUIEMUNIA with SIEPSIS DUE TO (OR AS A CONSEQUENCE OF): AIZTERIO BCLEROTIC HEAZT INISERS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d. OUE TO (OR AS A CONSEQUENCE OF):													
PART II.	Other significant condi	tions co	ontributing to	death but n	not resulting	in the u	nderlyln	g cause !	given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY FINDINGS
	でにはははなん) - 1	VASCL	11.41	2):	213	EA:	58			PERFOR		i	AVAILABLE PRIOR TO COMPLETION OF CAUSE
12.	DEHYDI	2_A	D'ON								1			OF CEATH? 1 TYES 2 NO
	014/3/5			ME	1661	The	٠				1		ı	
25. WAS C	ASE REFERRED TO MEDICA			11/0		-/-		LACE OF D	EATH (Ch	eck only	one)			
	INER? YES 2 M NO		OSPITAL:	ER/Outpatler	nt 3 🗆 DOA	OTHE 4 No		6 5 T B	esidence	B D OH	her (Specify)			
	ER OF DEATH		28e. DATE OF	INJURY	28b. TII	ME OF	28c. INJ	URY AT			EŞCRIBE HOW	INJURY O	CCURED	
1 00°N		00	(Month, Di	ay, Year)	IN	JURY M		YES 2	NO					
2 A 3 S 4 H	NOTOWIN.	be	28e. PLACE OF INJURY At home, farm, stre building, etc. (Specify)				M 1 VES 2 NO			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,
4 H	k only		_											a) and manner as stated.
204 61/241	ATURE AND TITLE OF CERT	IFIER	0	011.	1	_		29c. LIC	ENSE NUI	MBER		29d. D/	ATE SIGNE) (Month, Day, Year)
i i i i i i i i i i i i i i i i i i i		5	00	NA	M	M	D.	D	23	30	0	•	6.1	5.90
30. NAME	AND ADDRESS OF PERSON	WHO C	OMPLETED CAUS	SE OF DEATH	(ITEM 27) (Typ		<u> 111</u>	ZEI	214	1	1/= A	CA	<u></u>	5.90
30	DHIR. I	٠.	PATZ	FL	2	600	di	'ber	15	5	27-	BA	LTO	MD,212
SI. DATE	FILED (Month, JUN 2	2 19	90 4	La Davi	The A	application.								

ne hos	letach	1	once.	
by th	be		10	
THE MINERAL OR ATTENDIME DEVELOAM. The low requires that the death certificate be executed within 28 fours after death. Page 6 may be retained by the host	TO THE FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	3	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.	
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Page	dire		er	
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in 24	ely fi	atio	#	
d with	этрет	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event	
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												2	10090
	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR						YGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Loui	ise B. Gr	7					2. DATE OF MONTH		Y 10	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yes. to	at birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH ly, Year)		, -	PLACE (State or Foreign
	216-06-9978	1 🗌 M 2 📆 🖺	0.0	YRS.					<u> </u>	4/07			aryland
_	9a. FACILITY NAME (If not institution, give a				9b. CIT	Y, TOWN O			EATH		9c. COUN	TY OF DI	EATH
DIRECTOR	Caton Manor Nur	sing Home)			ваті	timo	ce					
입	10a. STATE 10b. COUNT	<u> </u>		10c. CIT	CITY, TOWN OR LOCATION							Т	10d. INSIDE CITY
	Md. Bal	timore (city	1	Ва	ltimo	ore					LIMITS?	
	10e. STREET AND NUMBER	CIMOTE				10f.	ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	561 Thornfield	Dood					0.13	229				TT C	
¥	11. MARITAL STATUS	12, WAS DECEDEN	T EVER IN U.S. A	RMED	13.	. WAS DECI			VIC ORIGIN? (S	pecify Yea	or No—	U.S.	— American Indian, White, etc.
	1 Never Married 2 Married		FORCES? 1 YES 2300				If yes, specify Cuban, Maxican 1 YES 2 NO Specify				can, Puarto Rican, alc.)		
B	3 🔀 Widowed 4 🗌 Divorced	123, 0.12 1	Par On Brillo			1 123	2	Ороси				Specify: White	
8	1s. OECEDENT'S EOU (Specify only highest grade	CATION	16a. D	ECEDENT'S Give kind of	USUAL (OCCUPATIO	N et of workin	v7	16b. KII	ND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or S4		e. Do NOT u	se retired.)	7 0 17071						
AP	unknown			Tail	or				На	as			
COMPL	17. FATHER'S NAME (First, Middle, Last)	_							ME (First, Midd				
BE (Casper Braz	is					ľ	ика	lina M	. 51.	Lausk	as	
2	19a. INFORMANT'S NAME (Type/Print)		19						Route Number,				
15	Anne Lockwich								Baltim	ore,	Md.	2122	27
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	oval from State	20b. PLACE	OF DISPO	SITION (A	lame of cerr	netery, cren	natory or			CATION —		
	4 Donation 5 Other (Specify)	PARTICIPATION III	Holi	i Red						Ва	ltimo	ore,	Md. 21206
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			1 1	. NAME AN				4	107 V	Vilke	ens Ave.
	Kanned	Tele.	1	-	_ H	ubbai	rd Fi	ıner	al Hom	ie B	alto.	Md.	21229
П	23. PART I. Enter the diseases, or shock, or heert feilure.	complications tha	t caused the d	eath. Do	not ente	r the mo	de of dy	ing, suc	h as cardiac	or reapl	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)				100		U	1					Onset and Death
П	disease or condition resulting in death)	. mu	metastatie Buast Cance						near	rear.			5 vrs
	Touring In double,		(OR AS A CONS										1
z	On a second affect that a second to take a	b											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C.	(OR AS A CONSI	FOURTHOR O	-								
間	that initiated eventa resulting in death) LAST	DOE 10	(UH AS A CUMSI	ECOENCE C									
馬		d					-						
1 7 1	PART II. Other aignificant condition	na contributing to	death but not	resulting	in the t	underlying	cause	given in	Part i. 24	a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1	YES 2			COMPLETION OF CAUSE OF DEATH?
											7		1 YES 2 NO
									_				
M	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (C	neck only one)				
SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		e 5 □ R	esidence	6 Other (S	(pecify)			
РНУ	27. MANNER OF DEATH	INJURY	26b. TH	ME OF	26c. INJ			28d. OEŞCR	IBE HOW I	NJURY OC	CUREO		
	1 Natural 5 Pending	(MOND), E	(Month, Day, Year) INJURY WORK? M 1 YES 2 NO] NO					
D BY	2/ Accident investigation 3 Suicide 6 Could not be		OF INJURY At I	nome, farm,	street, fo	ctory, offic	•			ON (Street i		r or Rural I	Poute Number,
Ш	4 Homicide determined								J., J.	oranoj			
岸	29a. CERTIFIER (Check only	ICIAN: To the best of	l my knowledge, o	death occur	red at the	time, date	and place	, and du	to the cause	(a) and ma	nner as sta	ted.	
COMPLET	one)												a) and manner as stried.
1 2							La Via		MOED			- 010115	
Ш	296. SIGNATURE AND TITLE OF CURDOUS	Pt.	D				29c. LIC	ENSE NU	MBER		296. DAI	E SIGNED	(Month, Day, Year)

DQ754 296. SIGNATURE AND TITLE OF CENTREEN CAPA MD 21/90 6

30. NAME AND ADDRESS OF PERSON WHO COUPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Doctor Raja, 11 91 Intins Ferry Road

M. DATE FILED (1960) Day.

32. REGISTRAR'S SIGNATURE

2

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

Item 7; G-664; 6-27-90; dr STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

- STATE REGISTRAR		OINIE OI I		CERTIF	ICA	TE O	F DEATH	IVILIA IV	REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Las	st)							E OF DEATH	v (-	YEAR	3. TIME OF DEATH	
RUBY.	Y	LUCILLE		GIVE	ENS			JU			990	1:20	AM
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE	(In yrs. last birthday)	IF UNI	DER 1 YEAR		Z DAT	E OF BIRTH		6. BIRTH Countr	IPLACE (State or Forei	ign
401-30-487	3	1 🗆 M 2 🔀 🕽 F		75 YRS.	MONTH	DATE	HOUNG MIN.			915	_	NESSEE	
9a. FACILITY NAME (If not in	nstitution, giv	e street and number)			9b. C	TY, TOW	N OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
HARBOR HOS		CENTER				BALT	IMORE			C	ITY		
10e. STATE	10b. COU	NTY		10c. Ci	TY, TOW	N OR LO	CATION					10d. INSIDE CITY	
MARYLAND	ANN	E ARUNDEL			GL	EN E	BURNIE					1 - YES 2 N	0
10e, STREET AND NUMBER							10f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
504 THERES	A AVE	3.					21061				U.S.	Α.	
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 XNO	1	If yes,	ECENDENT OF HISP specify Cuban, Mexi (ES 2 (A) NO Specific	can, Puarte		or No—	14. RACE Black Speci	E — American Indian, k, Whita, atc. thy: WHITE	,
	EOENT'S E	DUCATION ade completed)		16e, DECEDENT'S			TION most of working	10	66. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT	use retire	d.)	most or working						
10		NO		HOM	1EMA	KER			0	WN H	OME		
17. FATHER'S NAME (First, A	Aiddle, Last)						16. MOTHER'S N	IAME (First	t, Middle, Maiden	Surname)			
DAVID WILL	IAMS						ALICE	(1	UNKNOWN)			
19a. INFORMANT'S NAME (19b. MAILIN	O ADDR	ESS (Street	et and Number or Run	il Floute Nu	mber, City or Town	n, State, Zi	p Code)		
GERI F. BE							ESA AVE.					1061	
20a. METHOD OF DISPOSIT	en 3 🗆 R	emovat from State	20	b. PLACE OF DISPO other place)	OSITION	(Name of	cemetery, crematory o	7			City or To		
4 Donation 5 Donat		Lindhore	عرا	EN HAVE	IN M	EMOR	IAL_PARK	04 OH 1774	GL	EN B	URNI	E, MD.	
21, SIGNATURE OF FUNETA	selo	P	1/2	reson			COND AVE					AL HOME MD. 2106	51
23. PART I. Enter the deback, or h		or complications the			not en	ter the	mode of dying, at	ich aa ce	erdiac or respi	ratory a	rast,	Approximat interval Bet	
IMMEDIATE CAUSE (FI					ari	dia	al In-	ta	rctio	m.		Onset and	
resulting in death)		OUE TO	(OR AS	A CONSEQUENCE	OF):		-Q-	0					
Sequentially list condi-	lone	b				کنو	- 04 -	'	141. —	-			
If any, leading to imma	diata	DUE TO	(OR AS	A CONSEQUENCE	OF):								
cause. Entar UNDERLY CAUSE (Diaasse or Inju		c. H	MOD AR	A CONSEQUENCE	OF								
that initiated events reaulting in deeth) LAS	ST	DOE IN	(OR AS	A CONSECUENCE	orj.							j	
22		_ d											
PART II. Other signific	ant condi	tions contributing to	death	but not resulting	In the	undarly	ing cause given	in Part i.	24a, WAS AN PERFOR		246	. WERE AUTOPSY FIN	
									1 YES 2			COMPLETION DF CA	
												1 YES 2 NO	0
25. WAS CASE REFERRED	TO MEDICAL					26	PLACE OF OEATH (Check only	one)				
EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Out	tpetient 3 DOA	OTH		lome 5 - Residenc	e 8 🗆 OI	ther (Specify)				
27. MANNER OF OEATH		28a. DATE O	F INJURY		IME OF	28c.	INJURY AT WORK?	28d. C	ESCRIBE HOW I	NJURY O	CUREO		
Natural 5 2 Accident	Pending Investigation		- ay, io ay		N	1 1	YES 2 NO						
a □ a /-14: —	Could not	26s. PLACE	OF INJUR	IY — At home, farm	, street,	factory, o	office		OCATION (Street ity or Town, State)		er or Rurai	Route Number,	
4 Homicide	determine	1											
29a. CERTIFIER (Check only	TIFYING PI	YSICIAN: To the best of	f my kno	wledge, death occu	rred at t	he time, c	late and place, and d	lus to the	cause(a) and me	nner as st	sted.		
	DICAL EXAM	MINER: On the besis of	examinati	on and/or investiga	tion, in r	ny opinio	n, death occured at 1	he time, d	ata and place, ar	nd due to	the cause(a) and menner as sta	rted.
29b, SIGNATURE AND TITL	E OF CERT	FIER		A 11= 1			29c. LICENSE N	UMBER		29d. DA	TE SIGNED	D (Month), Day, Year)	
G.Nu	م	peld	م	NIMN	TAG	A DD	A				11 -	20/90	
30. NAME AND ADDRESS OF		WHO COMPLETED CA	JSE OF D	EATH (ITEM 27) (Ty	pe, Print)	++	OSPITA	L (ENTE	R	1	BALTIM	ORE
31. DATE FILED A nith De) to the contract	12	APUS SIG			- 1			,				
22	- 133l	J GURADU	Teldon's	- Mariladar									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	-ICAI E	OF DEATH	REG.	VO.	
i	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH .	0.	GARDN	ER	2. OATE OF OEATH	DAY	3. TIME OF DEATH
1	DOSEPHOLGA	ednere				6 -	20 0	70 3:20 PM
		/	(In yrs. lest birthdey)		YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year		6. BIRTHPLACE (State or Foreign Country)
Ï	210-14-2000	M 2 🗀 F	86 YRS.			0/128		MARUIANA
	90. FACILITY NAME (If not institution, give stry6	/	9b. CITY, T	OWN OR LOCATION OF	DEATH /		INTY OF DEATH	
DIMECTOR	31,30500h'3	HOSPITY	21	1/2	1050N			Baltimore
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10e. Cr	TY, TOWN OR	LOCATION			10d. INSIDE CITY
Ē	Maryland				imore City	4 4.		LIMITS?
	100. STREET AND NUMBER			Duit	101. ZIP CODE		10a CIT	TIZEN OF WHAT COUNTRY?
FUNERAL					21214			.S.A.
į	6203 Pioneer Dr.	2. WAS DECEDENT EVER	IN II S ADMED	12 W	S DECENDENT OF HISE	PANIC OBIGIN? (Specify		14. RACE — American Indian.
	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If y	es, specify Cuben, Mex	ican, Puerto Rican, etc.		Black, White, etc. Specify: White
	3 X Widowed 4 Divorced	IF TES, GIVE WAR ON	DATES	''	YES 2 NO Spe	cay.		WIII CE
3	15. DECEDENT'S EDUCAT (Specify only highest grade col		18e. DECEDENT'S	S USUAL OCC	UPATION ing most of working	18b. KIND OF	BUSINESS/IN	DUSTRY
١		College (1-4 or 5+)	iife. Do NOT	use retired.)	ing most of working			
	12 vr's 4	yr's	C.P.	Α.		Pharm	aceuti	cal Co.
COMPLEIED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S	NAME (First, Middle, Mai	den Surname)	
	Otto	J. Ga	ardner			Unknown		
	19e. INFORMANT'S NAME (Type/Print)		4.00.40.00.00.00.00		Street and Number or Run			
2	Joseph A. Gardner		631	10 Tam	ar Dr. Co			
	20e. METHOO OF OISPOSITION 1 № Buriel 2 □ Cremetton 3 □ Remova	of from State			of cametery, crematory of			- City or Town, Btate
	4 Donation 8 Other (Specify)		Н	oly Re	edeemer 6	/23/90	Baltin	nore,Ma.
ł	21. SIGNATURE OF FUNERAL SERVICE LICEN	Paul L. H	artsock, J	r. 22. N/	ME AND ADDRESS OF	FACILITY Balt	imore	,Md. 21214
	+ Loud & dla	trol	D		onard .1	Ruck Inc	5309	5 Harford Rd.
	23. PART I. Enter the diseases, or cor	nplications that cause	ed the death. Do	not enter ti	na moda of dving, s	uch as cardiac or re	apiratory ar	rreat, Approximata
	ahock, or heart fallure. Lis	at only one cause on	asch Ilna.					Interval Between Onset and Dasth
	IMMEDIATE CAUSE (Final disease or condition	0		/				
	resulting in death) a.	RIGHT P	A CONSEQUENCE	OF:	BE LEN	LEBLOVAH	ULAL	DISCOSE
.		,-						į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):				
5	cause. Enter UNDERLYING							
	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE	OF):		_	_	
	resulting in desth) LAST							
	PART II. Other algorificant conditions	contributing to death	but not resulting	in the und	arlying cause given	In Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
\$	TALL MIGHT CONTINUE C	orial matering to death	out not readiting	, in the did	arrying cades given	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL						1 □ YE	8 2 NO	OF DEATH?
								1 TYES 2 NO
<u> </u>								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	(OSPITAL:		OTHER:	26. PLACE OF DEATH	(Check only one)		
PHYSICIAN: M	1 TYES 2 NO 1	Inpatient 2 ER/Ou			ng Home 5 🗆 Reelden			
=	27. MANNER OF SEATH 1 Neturat 5 Pending	(Month, Day, Year)	28b. Ti	ME OF 2	Sc. INJURY AT WORK?	28d. DESCRIBE H	JW INJURY O	COHED
2	2 Accident Investigation			М	1 YES 2 NO			
	3 Suictde 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp		, street, factor	y, office	28f. LOCATION (St City or Town, S		er or Rural Route Number,
COMPLEIED					···			
7	(Orlock Orly)	AN: To the best of my kno						
5	1 MEDICAL EXAMINER:	On the besie of examinat	ion end/or investigat	tion, in my op	nion, death occured at	the time, date end plac	, end due to	the cause(e) and menner so stated.
מו	296. SIGNATURE AND SITLE OF CERTIFIER		11. 1	/	29c. LICENSE	NUMBER	29d. DA	TE SIGNED (Month, Day, Year)
	sex The	m	1	2	133	715	•	06/20/90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (7/	oe, Print)	and the second	-		
	- 0		90	4.00				
	31. DATE FILED (Month DA) bal 2 2	2. RESEARCH	Marian - Month	Name of Street				
- 11	1012							

and the second of the second

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cer	be filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked, o	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART				GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OE	ATH DAY	3. TIME OF DEATH
	Dorothy	Katherine	H	lughes		June	20 199	
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day, 1	(bar)	8. BIRTHPLACE (State or Foreign Country)
	215-01-0830 9a. FACILITY NAME (If not Institution, give stree	1 M 2 F 75	YRS.		OR LOCATION OF DE	Dec.	4 1914	Maryland TY OF DEATH
TOR	Good Samaritan	Hospital		Balti	more			_
E	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TON			10d. INSIDE CITY LIMITS? V
FUNERAL DIRECTOR	Maryland Ca	arroll	Li	nwood	. ZIP CODE		10g, CITIZ	1 ☐ YES 2 ☐ NO EN OF WHAT COUNTRY?
H.	Chilly Chestnut F	arm			21764		U	SA
2		12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DE	ENDENT OF HISPAN	IIC ORIGIN? (Spec	city Yea or No—	14. RACE — American Indien,
	1 Never Married 2 Married	FORCES? 1 YES 2			ecity Cuban, Maxican 2 NO Specify		rtc.)	Specify: White
BY	3 XWidowed 4 Divorced				*			· · · · · · · · · · · · · · · · · · ·
COMPLETED	15. OECEOENT'S EDUCA (Specify only highest grade co		Give kind of wo	k done during me	ON est of working	16b, KIND	OF BUSINESS/INOU	ISTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			L	Typoweitor Co
MP			Secreta	гу				Typewriter Co.
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI		Maiden Surname)	
BE	John H. Lammers							
2	19a, INFORMANT'S NAME (Type/Print) William J. Franz		Chill	y Ches	tnut Far	m, Lind	dwood,	Ad. 21764
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remov	20b. Pf	LACE OF OISPOSIT	ION (Name of ce	metery, crematory or	1	20c. LOCATION — C	ity or Town, Stata
	4 Donation 5 Other (Specify)	Par	kwood	Cemete	ry		Parkvil	le, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	/www	Jan	22. NAME A	nd address of FA	CILITY	dofold	
	▶ Mar	tiń D. Lawso	sh)		nium, Ma			
	23. PART I. Enter the diseases, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	CA CO	LON I					Interval Between Onset and Death
		OUE TO (OR AS A CO	ONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):					
₹	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury							
E	that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):					
H	resulting in deeth) LAST							
	PART il. Other eignificent conditions	contributing to death but	not resulting in	the underlying	g ceuse given in		MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	127						YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					-	_ '	123 2 [110	OF DEATH?
3						_		10175 0015
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. F	LACE OF DEATH (Ch	eck only one)		
Sic		HOSPITAL:		OTHER: I Nursing Ho	ne 5 🗆 Residence	8 Other (Spec	elfy)	
ξĺ	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. IN	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OCC	URED
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)		reet, factory, offi	ca .	261. LOCATION City or Town		or Rural Route Number,
	29a, CERTIFIER							
COMPLETED	CONSTRUCTION OF THE CONTROL OF THE C	IAN: To the best of my knowled: On the besis of examination a						e cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DATE	SIGNED (Month, Day, Year)
BE	Joseph C	Loust	MD				•	6.20.90
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, I	Print)	CELRO	7/50/	B . 1 . D	BAZIV MO
	31. DATE FILEO (Month, Day, Year)	AND BEGISTER BIR BIGGIST		01 (7611 14:	UEIV	Va CVIV,	ON CIG MO
	JUN 2 % 1990	32. REGISTRAR'S SIGNATI	A.c.					

*

DIVISION OF VITAL RECORDS, P.O. BOX 1314b, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIV THE HOSPITAL OR A THE FUNERAL DIREC filed within 72 hours APORTANT: If Item

	FOR S	TATE OF MARYLAND /	DEPARTMENT OF HEALTH AND	MENTAL HYGIENE	30 10902					
	1 - STATE REGISTRAR	CE	ERTIFICATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Α.		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	Florence	Hardy		June 20, 1990	2:00 p M					
	4. SOCIAL SECURITY NUMBER 5. S 219-26-2261 1	SEX 6. AGE (In yrs. lest	t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-10-1919	8. BIRTHPLACE (State or Foreign Country)					
	9e. FACILITY NAME (If not institution, give street a	and number)	9b. CITY, TOWN OR LOCATION OF D	EATH 9c. COL	INTY OF DEATH					
TOR	Maryland General	Hospital	Baltimore C	Baltimore City						
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION BATTLIMORE	City	10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
FUNERAL	100. STREET AND NUMBER 1141 N. Stricker S	treet	101. ZIP CODE 21217		S A					
BY FUN	1 Never Merried 2 V Merried	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	IMED 13. WAS DECENDENT OF HISPA NO If yee, specify Cuben, Maxic 1 YES 2 X NO Specif		14. RACE — American Indien, Black, White, etc. Specity: Black					
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondery (0-12) Col	pleted) (GI	CEDENT'S USUAL OCCUPATION five kind of work done during most of working . Do NOT use retired.)	16b. KIND OF BUSINESS/IN						
린										
BE CO	17. FATHER'S NAME (First, Middle, Last) Ernest Holley	-	The same of the sa	AME (First, Middle, Maiden Surname) G. Stewart						
0	19e. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Z.						
F	James Hardy		2400 Winchester Str							
	20s, METHOD OF DISPOSITION Y ABuriel 2 Cremetion 3 Removal f 4 Donation 5 Other (Specify)	from State 20b. PLACE other pla	of DISPOSITION (Name of cometery, cromatory or ace) Dutus Memorial Park		CUS. Md 21216					
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		22. NAME AND ADDRESS OF F March F/H 1 4300 Wabasi	voiLity Vest	,					
		plications that caused the de only one cause on each line	eath. Do not enter the mode of dying, su		rreat, Approximata					
	immediate Cause (Final disease or condition resulting in death) a. Septic Shock Due to (or as a consequence of):									
NO		Pneumonia								
Ă	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	OUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):							
#	d									
	PART II. Other significent conditions conditions conditions and Acute Renal Fa		resulting in the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDICAL	Cerebrovascula			1 TYES 2 NO	OF DEATH?					
		.I Accident			1 PES 2 NO					
A A	Dehydration 25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heat anti-anal						
PHYSICIAN:	EVAMINED?	OSPITAL: Inpatient 2 KER/Outpatient 3								
	27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY O	CCURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street, factory, office	26f. LOCATION (Street end Numb City or Town, State)	er or Rural Route Number,					
COMPLETED	(Orlock Orly) 11		eath occurred at the time, date and place, and du							
00	2 MEDICAL EXAMINER; Or	n the beste of examination end/or	investigation, in my opinion, death occured at th	e time, data and place, and dua to	the cause(a) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIES	ARC	29c. LICENSE NU D28	356. 29d. DA	TE SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)							

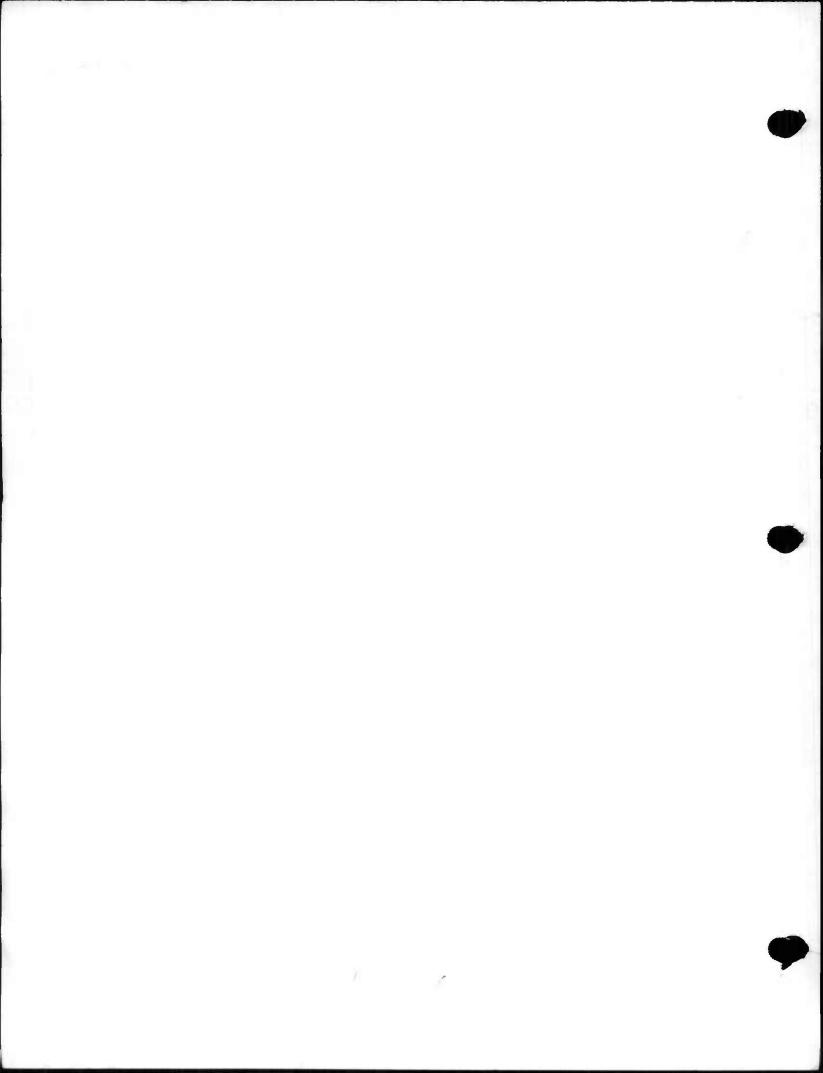
c/o Maryland General Hospital

Mohammad

Aslam

M.D.

REGISTRAR		CENTIFIC	AIE	JE DEALH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Regin	ald BERNAR	D Howa	ırd		MONTH	7-90	Y YE.	ar 11:00PM M		
4. SOCIAL SECURITY NUMBER			F UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE	OF BIRTH	6. E	BIRTHPLACE (State or Foreign		
219-26-9736	1 🛛 M 2 🗌 F			NYS HOURS MIN.	HOURS MIN. (Month 1 Day, Year)			Country) N.C.		
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TO	WN OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH		
Johns Hopkins	Hospital		Bal	timore City	У					
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE CITY										
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF							OF WHAT COUNTRY?			
	L ST. 3rd			21202	21202			USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED		DECENDENT OF HISPAN			or No- 14.	RACE — American Indian, Black, White, atc.		
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 NO Specifi		,,		Specify: BLACK		
15. DECEDENT'S ED (Specify only highest grad			k done durir	PATION ng most of working	16b.	KIND OF BUS	SINESS/INDUST	TRY		
Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	retired.)		F	EATHE	PMAN	DISTRIBUTOR		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				DISTRIBUTOR		
WILLIE HOWAR	D			GRAC	CE	PORTE	R			
19a. INFORMANT'S NAME (Type/Print)	2			treet and Number or Rural				*		
DAWNDA MORRI				ALLAS ST.	. – BA					
20a. METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremation 3 🗆 Ra 4 🗆 Donation 5 🗀 Other (Specify)	206. PLACE OF DISPOSIT	HILL HILL	CEMETER)	Y		NE AR	UNDEL, CO.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
> Glady	u) con	(مص	WM	.C. MARCH	1 F.	н. 11	01 E.	NORTH AVE.		
IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) a. Multiple injuries Due to (on as a conscouence of):										
Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury thet initiated events resulting in death) LAST										
PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WE										
		•				PERFO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
								XXXYES 2 □ NO		
25. WAS CASE REFERRED TO MEDICAL	74			26. PLACE OF DEATH (C/	heck only or	ne)				
EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 6 Rasidence						
27. MANNER OF DEATH	28a. DATE OF INJUI	RY 26b, TIME	OF 26	ic. INJURY AT			INJURY OCCUR	NED		
1 Netural 6 Pending	6-17-90	njui		WORK? 1 YES 2XXNO	Ped	estria	an stru	ick by auto		
2 Suicide 6 Could not b	28e. PLACE OF INJU	URY — At home, farm, str	reet, factory	, office	26f, LOC	ATION (Street	and Number or I	Rural Route Number,		
4 Homicide determined				treet	170	0 Gree	enmount	Avenue,Balti		
11 CONSCR ONLY	SICIAN: To the best of my ki							ause(a) and menner as stated.		
200. SHENATURE AND TITLE OF CHICAF	0/10			29c. LICENSE NU				IGNED (Month, Day, Yber)		
1.61	11/			OCME			•	6-18-90		
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)							
FRANK PERETTI,M			Penr	Street,Ba	altim	ore,M	21201	. vo		
31. DATE FILED (Month, Day, Year) JUN 2. 2. 1990	32. REGISTRAR'S S	SIGNATURE Fondable								



hospital or attending physician. ached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive		IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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A. P.	eral		Ē
deat	e fun	-:	exa
after	为中	MOVA	63
ours	In I	07 70	пер
24 h	fillec	lon,	he
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PHY	this	with	rked
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TENC	OR:	fter (80
RAT	RECT	urs a	ш 2
10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=======================================
SPIT	VERA	hin 7.	1
5	FU	1 with	HIA
王	H	filed	100
2	2	2	3

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) JUNE KAREN	HANSEN				2. DATE OF DEATH DO 3		3. TIME OF DEATH 0 12:10A
4. SOCIAL SECURITY NUMBER 220-34-7891 9a. FACILITY NAME (if not institution, give	1 □ M 2½□ F 5 1	YRS. MO	NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 / 0 1 / 3		BIRTHPLACE (State or Foreign Country) NEW JERSEY
8813 ORBIT LA			LANHA				CE GEORGES
MD. PRIN	CE GEORGES		NHAM	ON ZIP CODE		100 CITIZES	10d. INSIDE CITY LIMITS? 1 YES 2 NO
8813 ORBIT LA	NE 12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECI	20706	IC ORIGIN? (Specify Ye	U.S	
1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDI	IF YES, GIVE WAR OR DAT		1 TES	2 NO Specify		ISINESS/INDIES	Specify: WHITE
(Specify only highest grad Elementary/Secondery (0-12)		(Give kind of work life. Do NOT use re	done during mos	it of working	ios kino or oc		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	4
ARTHUR STANI 19a. INFORMANT'S NAME (Type/Print)	EY ROGSTAD	19b. MAILING AD	ORESS (Street a		FAITH B		
AMANDA HANSEN					Lanham,		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State	PLACE OF DISPOSITION other place)	, , , , , , ,	D ADDRESS OF FA		DCATION — CH	y or Town, State
× /	there 6-21-	90				D, BA	LTO., MD.
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on as		e Spora	try /	fag lus	C.	t, Approximata Interval Betwe Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SMALL COLOR DUE TO (OR AS A C. WITT OF AS A	CONSEQUENCE OF	plaste Le re	elen.	cara cui te	un lu	eg .
PART II. Other aignificant condition	na contributing to death be	ut not reaulting in t	ha underlylng	; cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	1 Inpetient 2 ER/Outpe	atient 3 DOA 4			6 Other (Specify)	IN HIRV OCCI	DED.
1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	RK? /ES 2 NO				
3 Suicide 6 Could not be determined	building, etc. (Spec		261. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
cool city	SICIAN: To the best of my knowl HER: On the bests of examination						
29b. SIGNATURE AND TITLE OF CERTIFI	7(0	29c, LICENSE NUI	WBER	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DEA	6 / 0 -		1000 A	Benin	i ill	- ald with
31. DATE FILED (MONTH), Day, Year) JUNE 2 1990	n Lors 881	up Cee	mary	sour A	- Berry	in ISS	, and so 7

Patricia L.

Saldana,

M.D. 32 REGISTICAR'S SIGNATURE INCLUDE

90 16905 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. :45 DECEDENT'S NAME (First, Middle, Leat) Baby Boy Holmes 3. TIME OF DEATH 2. DATE OF DEATH JAYO 9 QAR 45 5 bo ME 6 7. DATE OF BIRTH (Month) Day, You A SOCIAL SECURITY NUMBER E GEV 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR (Month Day, Year, 06/10/9 DAVE 1 M 2 D F ARI Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY MARY LAND G ENERAL HOSDITA AltIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY IDC. CITY TOWN OR LOCATION 10d. INSIDE CITY MD TY YES 2 NO Baltimore FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2016 Clifton Ave. 21217 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indien, Black, White, etc. FORCES? 1 YES 2: If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Snectiv BY 3 Widowed 4 Divorced Black. ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A N/A N/A N/A 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Donita Holmes : BE 19b. MAILING ADDRESS (Street and Number or Rural Ploute Number, City or Town, State, Zip Code)
Maryland General Hosp./827 Linden Ave. 199. INFORMANT'S NAME (Type/Print) 2 Medical Records Dept 20e. METHOD OF DISPOSITION

1 Buriel 2 Cromation 3 Removal from State
4 Donation 6 Other (Specify) in-state 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State removal 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY State Anatomy Board, Balto., Md. maled /III 6-21-90 Melle 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiorespiratory Arrest DUE TO (OR AS A CONSEQUENCE OF): Severe immaturity CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Severe Prematurity 20 weeks gestation. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED MAR ARLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TO NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 - YES 2 - NO 4 ☐ Nursing Home 6 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b, TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 🔯 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 🛣 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 1 10 90 D26872 2 NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

c/o Maryland General Hospital

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAN		OI.	FULL	IVAIL	· Or	DEAL	11	HE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	DAY	YEAR	1	
	HOPKINS							_ 5	_1	90	8:30P	
4, SOCIAL SECURITY NUMBER 0 0 1 - 0 9 - 8 9 2 0			yrs. last birthday) IF UNDE YRS. MONTHS		DAYS			7. DATE OF BIR (Month, Day, 1/17	TTH Year) /08	8. BIRTHPLACE (State Country) 8. NEW HAM		
9e. FACILITY NAME (If not institution, give atreet and number)					TOWN C	R LOCATIO	ON OF DE			COUNTY OF	DEATH	
28428 CLARKSBURG RD.				9b. CITY, TOWN OR LOCATION OF DEAT					MONTGOME			
RESIDENCE OF DECEDENT	OKG KD.			DA	MA	05				MON	IGOMERI	
10a. STATE 10b. COUNT	ΓY	-	10c, CIT	Y, TOWN O	R LOCAT	ION	· · · · · · · ·				10d. INSIDE CITY	
MD. MON	TCOMEDV		D	AMAS	CIIC						LIMITS?	
MD. MONTGOMERY				MITAD		ZIP CODE			T 10	~ CITIZEN O	F WHAT COUNTRY?	
					1 "							
28428 CLARKS	_					208				U.S.A		
11. MARITAL STATUS		NT EVER IN U.S. AF						IC ORIGIN? (Spe		to— 14. RA	ACE — American Indian, ack, White, etc.	
1 Never Merried 2 Merried 3 Wildowed 4 Divorced		WAR OR DATES				2 🗌 NO			,	Sp	ecity:	
3 M Middled 4 Divorced										ME	ITE	
15. DECEDENT'S ED (Specify only highest grad				Work done			na	16b, KIND	OF BUSINE	SS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	fills.	. Do NOT u	se retired.)								
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle,	Maiden Sum	ame)		
LEVI HENR	V					H	ANNZ	BOYL	E			
19e. INFORMANT'B NAME (Type/Print)		140	b. MAII IN	Annered	(Street			Route Number, City		ata Zin Codes		
	DOI:										MD 0007	
RODERICK L. B	ROWN SR										MD. 2087	
20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE other p		SITION (Na	me of cer	netery, cren	natory or		20c. LOCATI	ON — City or	Town, State	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY				
21. SIGNATURE OF FUNERAL SERVICE LICENTIFE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MI								ID. 21201				
IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Atrial fibrillation Due TO (OR AS A CONSEQUENCE OF):												
	s. Stat	tus post	con	gesti	ve	heart	fai	ilure s	econd	ary to	o_	
Sequentially list conditions, if any, leeding to immediate		OR AS A CONSE										
cause. Enter UNDERLYING	cong	gestive	dila	ated cardiomyopathy			ny					
CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSE	OUENCE C	DF):								
resulting in death) LAST												
											1	
PART II. Other algnificent condition	one contributing t	o deeth but not	resulting	In the ur	nderlyln	g cause	given in		WAS AN AUT		24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO	
									YES 2		COMPLETION OF CAUS OF DEATH?	
								_ _	,		1 YES 2 NO	
								_				
25. WAS CASE REFERRED TO MEDICAL					26 P	ACE OF F	DEATH ///	ack only need				
EXAMINER? HOSPITAL: OTHER:								-	+			
1 TYES 2 NO		☐ ER/Outpatient	_		-		esidence	8 Other (Spe				
27. MANNER OF DEATH	28e. DATE C (Month,	F INJURY Day, Year)	28b. Til	JURY	W	JURY AT DRK?		28d. DEŞCRIBI	E HOW INJU	RY OCCURE)	
1 Natural 8 Pending 2 Accident investigation				M	1 🗌	YES 2	NO					
3 Suicide 8 Could not b	28e. PLACE building	OF INJURY — At h g, atc. (Specify)	ome, farm,	street, fac	tory, offic	00			H. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY One) 2 MEDICAL EXAMI											se(a) end manner as state	
29b. SIGNATURE AND TITLE OF CERTIF			gar	, mj	- Property		ENSE NU				NED (Month, Day, Year)	
Walter and William of Walter						200. 210				M. DATE SIGN	the fine out, set, rear)	
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETEO CA	USE OF DEATH (IT	ЕМ 27) (Тур	e, Print)								
31. DATE FILED (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE										
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+mount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the me

	- STATE REGISTRAR			FICATE O						
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	REG. NO.	YEA	3. TIME OF DEATH	
	Wayn			Hicks		6-	19-90 PAY		3:50PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday 2 7 YRS.	MONTHS DAYS		(Manne	OF BIRTH		8. BIRTHPLACE (State or Foreign Country)	
F	9a. FACILITY NAME (If not institution, give sti	reet and number)		9b. CITY, TOW	N OR LOCATION O	F DEATH	7/-5	9c. COUNTY C	OF DEATH	
	University Hospi	tal		Ва	ltimore	City			/	
F	RESIDENCE OF DECEDENT									
	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LOS	+1 MON	re			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER	xingl	m Stac		101. ZIP CODE	22		10g. CITIZEN	OF WHAT COUNTRY?	
ŀ	11. MARITAL STATUS	-	T EVER IN U.S. ARMED		ECENDENT OF HIS		N? (Specify Yes o	r No 14. F	RACE — American Indian,	
	1 Never Married 2 Merried 3 Wildowed 4 Divorced		YES 2 NO	if yes,	specify Cubso; Me ES 2 PCNO Sp	xican, Puerto		1	Black, White, atc. Specify: BLack	
ŀ	15. DECEDENT'S EDUC			'S USUAL OCCUPA		166	b. KIND OF BUSI	NESS/INDUSTF		
ŀ	(Specify only highest grade	College (1-4 or 5	illo. Do NOT	of work done during use retired.)						
L	(/2		TOW	erco1	1					
r	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Malden Si	umame)		
L	James Spa	How				aty	BRA	ndoi	,	
ı	190. INFORMANT'S NAME (Type/Print)	1 aka	19b. MAILII	NG ADDRESS (Stre	et and Number or R	ural Route Num	nber. City or Town,	State, Zip Code	207	
ŀ	VanessA +	TICKS	000	510 V	1. Lex	ng	on	04/2	225	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Connation 3 Remo	oval from State	20b. PLACE OF DISP other place)	USITION (Name of	Kenne	Hotes	20c. LOC	ation - city	or Town, State	
ŀ	21. SIGNATURE OF FUNERAL BERVICE LIC	SENSES 1	n	22. NAME	AND ADDRESS O	F FACILITY	,	11 2	AC Marie Vi	
	· Justy	The	lin	Ser	st mi	llek	F/H	34	1217	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Blunt force injury to head DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEQUENCE	ŌF): ΟF):	ad				Onset and De	
	Sequentielly list conditions, if eny, leading to immediate	b. DUE TO	(OR AS A CONSEQUENCE	ŌF): ΟF):	ad				Onset and De	
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	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF):		n in Part i.	24a, WAS AN A PERFORM		24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO	
	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF):		n in Part i.		IED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
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	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIXXES 2 \(\) NO 27. MANNER OF DEATH 1 \(\) Netural 5 \(\) Pending	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resultin C) ER/Outpatient 3 □ DOA F INJURY 28b. 1	OF): OF): OF): 28 OTHER: 4 Nursing THE OF INJURY 28c.	ring cause giver	1 (Check only o	PERFORM XXES 2 [Done) Per (Specify) ESCRIBE HOW IN	JURY OCCURE	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? YES 2 NO	
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	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Netural 5 Could not be determined 2 Accident Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined	DUE TO b. DUE TO c. DUE TO d. BE Contributing to 1 Inpetient X2 280. DATE Of (Month, I 6-16- 260. PLACE (building) ICIAN: To the best of	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF): OF): 28 OTHER: 4 Nursing P TIME OF INJURY LOAM 1 (n, street, fectory, c Off urred at the time, c	PLACE OF DEATH OTHER S Reside INJURY AT WORK? YES NO Iffice Ista and piace, and n, death occured a	A (Check only of once 6 of other seed, DE Sub 281, LO 23 2 of other seed of the time, def	PERFORM XXES 2 (DOME (Specify) SECRIBE HOW IN JECT DE CATION (Street ar YOF TOWN, State) W. LE TAILU BUSGES	JURY OCCURE CATE AND AND AND AND AND AND AND AN	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXX YES 2 \(\text{No}\) No ED Tural Route Number, On St. Baltim Turse(e) and manner as stated.	
	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 296. CENTIFIER 1 CERTIFYING PHYSICOMM MEDICAL EXAMINER 298. SIGNATURE AND TITLE OF CENTIFIER	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF): OF): 28 OTHER: A Nursing H IME OF INJURY 28c. INJURY 1 (In, street, fectory, configured at the time, conf	PLACE OF DEATH forme 5 Reside INJURY AT WORK? YES NO fffice date and place, and n, death occured a	A (Check only of once 6 of other seed, DE Sub 281, LO 23 2 of other seed of the time, def	PERFORM XXES 2 (DOME (Specify) SECRIBE HOW IN JECT DE CATION (Street ar YOF TOWN, State) W. LE TAILU BUSGES	JURY OCCURE eaten d Number or R exingto due to the ca	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXX YES 2 \(\text{NO}\) NO ED Rural Route Number, On St. Baltin	
	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 286. CERTIFIER 1 CERTIFYING PHYS	DUE TO DUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): OF): OF): 20 OTHER: 4 Nursing h IME OF INJURY OAM 1 { n, street, fectory, c Of urred at the time, d atton, in my opinto	PLACE OF DEATH forme 5 Reside INJURY AT WORK? YES NO fffice date and place, and n, death occured a	A (Check only of once 6 of other once 6 of oth	PERFORM XXXES 2 (Description of the control of th	JURY OCCURE BATEN AND AND AND AND AND AND AND AND AND AND	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXX YES 2 \(\text{No}\) No ED Tural Route Number, On St. Baltin Buse(e) and manner as stated GNED (Month, Day, Year) -20-1990	

is certificate has been signed by the attending obsision and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. ed. or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OKETUNIT, AYOKA
31. DATE FILED (Month, Day, Your)
JUN & 21990 Ju

						90 1690	18
	1 - STATE REGISTRAR		RTIFICA	TE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last) V		e Houch		2. DATE OF DEATH OAT	21/90 3. TIME OF DEATH 90 5, 459	· M
		SEX 6. AGE (In yrs. last	YRS. IF UNI	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. QATE OF BIRTH (Month, Day, Year) 05/01/1.9	BIRTHPLACE (State or Foreign Country) Maryland	n
Œ.	9a. FACILITY NAME (If not institution, give street		9b. C	TY, TOWN OR LOCATION OF D		ec. COUNTY OF DEATH	
8	St. Agnes Hosp.	T bal		Baltimore	CITY		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS?	
	Maryland Ba:	ltimore		Catonsvill		1 TES 2 NO	
FUNERAL	Tawes Bldg./Spr			nter 2	21228	USA	
BY FU	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES	MED	is. Was decembent of Hispalif yes, specify Cuban, Maxico 1 YES 2 NO Specification of the company of the compan	in, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EOUCATI	10N 16a. DE	CEDENT'S USUAL	OCCUPATION	18b. KIND OF BUSIN		
4		College (1-4 or 8+)	Do NOT use retire	ne during most of working d.)			
COMPLETED	10th		House	wife	H	ome	
8	17. FATHER'S NAME (First, Middle, Last)			2000	AME (First, Middle, Maiden Su		
BE	" Unknown " 19a, INFORMANT'S NAME (Type/Print)	" Smith		ESS (Street and Number or Rural		o Records "	
2	Michael E. Hou				Glen Burn	ie, MD 21060	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	I from Ctota Other nil	ico)	(Name of cornetery, crematory or e National		TION — City or Town, Stata ltimore, MD	
	21. SIGNATURE OF PUNERAL SERVICE LIDENS	SEE Man Haff		22. NAME AND ADDRESS OF FA	CILITY		
	George E. Ma			MacNabb Fur		, F.A. alto., MD 2122	S S
	23. PART I. Enter the diseases, or com	nplications that caused the de	ath. Do not an				
	ahock, or heart failura. Lia IMMEDIATE CAUSE (Final	t only one cause on each line				Interval Betw Onset and D	
	disease or condition resulting in death)	JEP319	+	CA O CEP	VIX		
	resourcing in death)	DUE TO (OR AS A CONSEC	DUENCE OF):				
2	Sequantially list conditions, b	RELTO UAGINAL FORMA					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE OF): VESTEL VESTELA					
윤	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSE	DUENCE OF):	I DIEE			
E	resulting in death) LAST						
- I	PART II. Other aignificant conditions of	contribution to death but not a	paulting in the	underfulne course alven is	Dare I 24a MBC AN AL	ITODOV 246 WEDE AUTODOV ENION	MOR
MEDICAL	TANT II. Other agrinicant conditions of	contributing to usati but not i	eaciting in the	undarrying cause given ii	PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUS	
B					1 TYES 2	NO OF DEATH?	
Σ					—	1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
Sic		OSPITAL: Sinpetient 2 ER/Outpetient 3	DOA 4	IER: Nursing Home 5 ☐ Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJ	URY OCCURED	
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, atreet,		28f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	ath occurred at ti	he time date and place and du	to the cause(e) and mann	or as stated	
OMP	(Critical Critis)					or as stated. due to the cause(a) and manner ee state	ed.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)	
0	CKE TUNJ, ATOKA	SAMMA	mo	ST. PETN	13 Harrin	D6 2190	
2	30. NAME AND ADDRESS OF PERSON WHO C						

6.1

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

ift. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

lical examiner must be notified at once.	TO BE COMPLETED BY FOREFAL DIRECTOR
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic:	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MA			ENT OF H		MENTAL	HYGIENI	E		10303
4	1. DECEDENT'S NAME (First, Middle, Last) DAN			JOYN		SR.	2. DATE MONTH	OF DEATH		EAR 0	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 242-70-3955 9a. FACILITY NAME (If not institution, give s	25 2 M 2 □ F	AGE (In yrs. les	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	6 -	DE BIRTH , Day, Yber) 11 = 4		Country	N.C.
	2343 DRUID HI	LL AVENU	I E		BALT	IMORE (9c. COONTY	OF DE	Ain
	10e, STATE 10b, COUNTY	Υ			I MORE	CITY			100 CITIZEN		10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?
		HILL AVE	VER IN U.S. AR	MED		21217	NIC ORIGIN	? (Specify Yea	U	ISA	— American Indian,
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [YES 2 1	10	If yea, ap	ecify Cuban, Maxica 2 [C] NO Specif	on, Puarlo R y:	licen, etc.)		Specif	, White, etc. y: BLACK
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	(G life.	ive kind of work Do NOT use re	JAL OCCUPATION done during monthred.) N ASP	PALT PA		KIND OF BUS		TRY	
	17. FATHER'S NAME (First, Middle, Last) JOHNNY JOYNE	R				18. MOTHER'S NA	ME (First, A	fiddle, Maiden			
		OYNER		2343	DRUID			BALT	IMORE	, 1	MD. 21217
	20a. METHOO OF DISPOSITION 1 Surial 2 Cremetion 3 Rem 4 Donation Property 21. SIGNATUSE OF TUNERAL SERVICE LIE		20b. PLACE other pl BAL	OF DISPOSITION OF LINE PROPERTY OF LINE	E CEM	ETERY ADDRESS OF FA	OII (TV		TIMOR		
	· (alvino	L. Will	lions		WM.C.	MARCH	F H				RTH AVE.
	23. PART I. Enter the disease, or shock, pr heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liet only one ceues		aley	enter the mo	was f	th se cerd	llac or reepi	ratory arres	t,	Approximate Interval Between Onset and Death
	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	· Cong	H AS A COMSE	1 1/2	hal c	Jarle Fail	ur	2.			days.
	PART II. Other eignificent condition	s contributing to de	eeth but not	resulting in t	he underlyin	g ceuse given in	Part I.	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	LACE OF DEATH (C)					
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 E	JURY	28b. TIME O	W	JURY AT ORK? YES 2 NO		CRIBE HOW I	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building, at	INJURY — At he c. (Specify)	ome, farm, stree	et, factory, offic	ca .	28f. LOC City	ATION (Street or Yown, State)	and Number or	Rural F	noute Number,
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	SICIAN: To the best of m			ALTERNATION AND THE) and manner as stated.
	296 RIGNATURE AND TITLE OF CERTIFIE	ws				29c, LICENSE NU	MBER 07	5	29d. DATE	M	(Month, Day, Year) 4 18 190
	30 HN MARRA 31. DATE FILED (MONTH, Day, Year)	HO COMPLETED CAUSE P 32, REGISTRAR	827	Lind	on A	ve e	Sal	+ M	vo V	2	1201
1	UINO 2 1990 5	whe Davidson									

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		10	Johnso	n	MONT	of DEATH Ine 19,	1990	YEAR	e of death l:21PM
4. SOCIAL SECURITY NUMBER 220-05-5271		6. AGE (In yrs. lest birthday) 7 1 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. OAYS HOURS MIN. 7. DATE OF BIR (Month, Days) OAYS HOURS MIN.				of BIRTH -10-19	19 8. BIRTHPLACE (State or Country) M D		
9a. FACILITY NAME (II not institution, give Maryland Gene		1		wn or Location of t altimore (9c. COUNT	Y OF DEATH	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT M D	ry		Y, TOWN OR L					10d. IN	ISIDE CITY MITS? 'ES 2 NO
100. STREET AND NUMBER 1114 MYRTLE	AVE.	Joke	111101	101. ZIP CODE 21201			10g. CITIZE	N OF WHAT CO	
11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If ye	DECENDENT OF HISPA a, specify Cuban, Mexic YES 2 NO Spec	NIC ORIGI			4. RACE — Ame Black, White	erican Indian, , atc. LACK
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 9 t h	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of Me. Do NOT u	USUAL OCCU work done during se retired.)	ng most of working	18	b. KIND OF BUSI	NESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Last) WALLACE JOHN	SON					Middle, Malden S DAVIS		·	
19a. INFORMANT'S NAME (Type/Print) LOUISE CODY				EM AVE.					217
20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	novel from State	R BUTUS	MEMOR	of cometery, cremetory or RIAL PARK	(ty or Town, Star	ta
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			C. MARCH	338,178113	H 1101	F	NORTH	ΔVF
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	IVE Myocardial Infarction IS A CONSEQUENCE OF): IS A CONSEQUENCE OF): IS A CONSEQUENCE OF):								
PART II. Other algnificant condition	ons contributing to death	but not resulting	In the unde	riying ceuse given i	n Part I.	24a, WAS AN A PERFORM 1 YES 2	MED?	AMAILA COMPL OF DE	AUTOPSY FINDING BLE PRIOR TO LETION DF CAUSE ATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\times\) YES 2 \(\times\) NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	26. PLACE OF DEATH (C					
27. MANNER OF DEATH 1 🖾 Natural 5 🗆 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TII	IE OF 28 JURY	c. INJURY AT WORK?		ESCRIBE HOW IN	JURY OCCU	JRED	
A D A LINE	8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town, State)							r Rural Route Nu	ımber,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and the cause(b) and the cause(b) and the cause(b) and the cause(c)									nanner as stated
29b. SIGNATURE AND TITLE OF CONTROL 30. NAME AND ADDRESS OF PERSON W	cli M	0		29c. LICENSE N n/a			29d. DATE	SIGNED (Month, 6/20/9)	, Day, Year)
	lulhadi, M.D	•	.,	c/o Mary	yland	Genera	al Ho	spital	
	dia Savidron B								

8. BIRTNPLACE (State or Foreign

40

9c, COUNTY OF DEATH

ones

State, Zio Code)

BAUTO

Gic

BAUTO

10g. CITIZEN OF WHAT COUNTRY? US4

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify BLACK

21217

Approximate Interval Between Onset and Death

1 YES 2 NO

CAT

PM

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

8

COMPLETED

BE

2

After death

28 is

item ;

IMPORTANT: If

THE HOSPITAL OR ATTENDIF THE FUNERAL DIRECTOR: AI filed within 72 hours after de

23

Natural

2 Accident

3 Suicide

29a. CERTIFIER

4 🗌 Homicide

(Check only one)

JENATE

permit. funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. once. notified at pe must examiner in by the fi medicai nding physician and completely filled in by Hygiene prior to burial, cremation, or remo the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to 1.23 shows any Injury, or other traum 23 After this certificate hadeath with the State D marked, or Item Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY O7 BABI Koy JONES 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) À 1 M 2 F MONTHS DAYS YRS. 9e. FACILITY NAME (If not institution, give street end number) 96, CITY, TOWN OR LOCATION OF DEATH Mercy HOSEC RESIDENCE OF DECEDENT HOSPITAL BARTO 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION MD CITU 100. STREET AND NUMBER 10f. ZIP CODE KOBERS 21217 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 3 Widowed 4 2 Merried 4 Divorced 15. DECEOENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done during mills. Do NOT use retired.) 5 Elementary/Secondary (0-12) College (1-4 or 5+) tetus 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sugname) unknown arriet 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Floute Number, City or Town. Chart Robert St 20e. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of com-20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State 1 Buriel 2 Cremation 3 LJ 4 Donation 5 Office (Specify) OF FUNERAL SERVICE L 22. NAME AND ADDRESS OF FACILITY State Anatomy Board, Balto., Md. Lower 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition CARDIO EESPICATORY ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PREMATURIT EXTREME Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

90

6

HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 27. MANNER OF CEATH

28s. DATE OF INJURY 28b. TIME OF

ne 5 🗆 Residence 8 🗆 Other (Specify) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED INJURY 84 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

MERCI

29c, LICENSE NUMBER

53

JUNZ Z 1990

29b. SIGNATURE AND TITLE OF CERTIFIER

8 Pending

Investigation

6 Could not be determined

32 BEGISTRAR'S SIGNATURE

KIRPHY

1160: 00

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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lansit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be intained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND

	CATHERINE COLLEEN .	JEFFERSON	V				30 19915			
_	1 - STATE OF MARYLI		MENT OF H		MENTAL HYGIEN REG. NO.					
				IF UNDER 24 HRS.	JUNE 19	ich	3. TIME OF DEATH 1990 5:00PM M			
TO BE COMPLETED BY FUNERAL DIRECTOR	218-20-1217 1 D M 2 1/2 F 6	n yrs. last birthday) 4 YRS.	MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) Nov. 6, 19		6. BIRTHPLACE (State or Foreign Country) Maryland				
	9a. FACILITY NAME (If not institution, give street and number) 16227 Redland Road RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH Rockville				Montgomery			
	10a. STATE 10b. COUNTY Montgomery		Rockvil			10d. INSIDE LIMITS 1 \(\text{YES}				
	10e. STREET AND NUMBER 16227 Redland Road		101.	ZIP CODE	855	10g. CIT	USA			
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2 📉 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ◯ NO Specify:				14. RACE — American Indian, Black, White, atc. Specify: White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1 2	(Give kind of w life. Do NOT use	work done during most of working			O OF BUSINESS/INDUSTRY Home				
	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Malden	lddle, Malden Surname)						
	Charles P. Atwood	1100000000		anor Chapman						
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Carl R. Jefferson 16227 Redland Rd, Rockville, Md. 20855									
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Laytonsville Cemetery Laytonsville, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Roye. Baren	Mur	Muriel H. Barber Funeral Home							
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, about, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE/(Final disease or condition paulting in death) a. PROBRESIVE METASTATIC SMALL CELL LWG CAUSE 2/2 YRS									
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 1									
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
	EXAMINER? 1 YES 2 THO HOSPITAL: 1 Inpatient 2 ER/Outs									
	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26b, TIMI	URY WO	URY AT IRK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY building, etc. (Special Country of the country of the	— At home, farm, a	atreet, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	28e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
BE C	29b. SIGNATURE AND VITLE OF CONTINEER			29c. LICENSE NUI		29d. DA	ATE SIGNED (Month) Day, Year)			

29c. LICENSE NUMBER 32407 29d. DATE SIGNED (Month) Day, Year)

6 / Zd / 9 D 29b. SIGNATURE AND

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TOSEPH M. HAGGERTY, 14808 PHYSICIANS CAVE SVITE Rockville, mid 20850 HAGGERTY 14 212

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

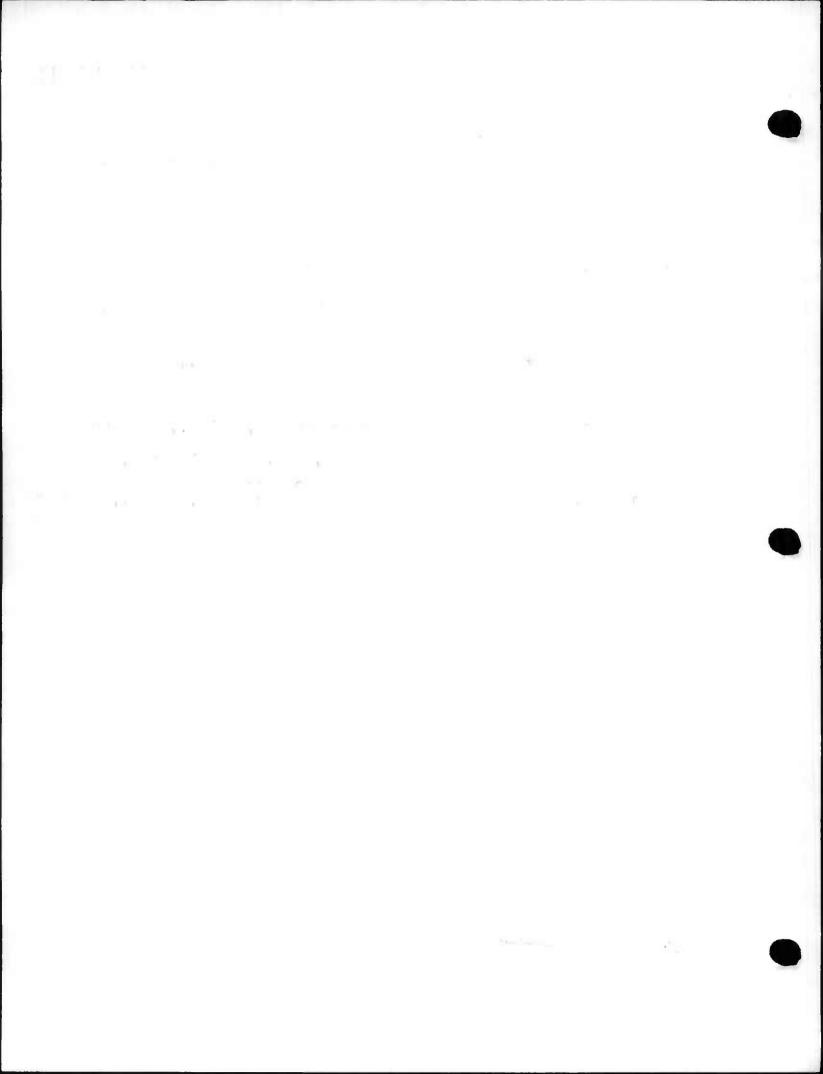
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	OINTE OF MINIT	CE				DEATH	MILIA	REG. NO.	_				
1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH	av .	YEAR	3. TIME OF DEATH		
Lelia	L.		J	acks	son			6-20-90			6:55AM M		
4. SOCIAL SECURITY NUMBER	14.7	E (In yrs. lest		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D/	ATE OF BIRTH fonth, Pay, Year) 7-13-1		Countr			
216-18-6958		67	YRS.					7-13-1	Y		ryland		
9a. FACILITY NAME (If not institution, give s	0.4	1 220	1			OR LOCATION OF			9c. COL	INTY OF D	EATH		
1314 Winston Av	enue 2	1239		E	Balt	imore C	ity						
10a. STATE 10b. COUNTY	1		10c. CITY,	TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?		
Maryland			Bal	.tin	ore	9					1 X YES 2 NO		
10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	TIZEN OF W	VHAT COUNTRY?		
1314 Winston	venue					21239	2			USA			
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1 Y					ENDENT OF HISP ecify Cuban, Maxi		HGIN? (Specify Yes irto Rican, atc.)	or No—	14, RACE Black	— American Indian, c, White, atc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		1	☐ YES	2 X NO Spe	city:			Specia	ľack		
15. DECEDENT'S EDU		16a. DE0	CEDENT'S U	SUAL OC	CUPATIO	ON	$\overline{}$	16b. KIND OF BU	SINESS/IN		Luch		
(Specify only highest grade Elamentary/Secondary (0-12)	completed) Collage (1-4 or 5+)	(Gir	(Give kind of work done during mos life. Do NOT use retired.)			ist of working		500000000000000000000000000000000000000					
	5+	I	each	er				Balto	., C	ity	Schools		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (F	irst, Middle, Maiden					
Dundus Logan						Mary	/ Na	ash					
19a. INFORMANT'S NAME (Typo/Print)	-							Number, City or Tow					
Reid Jackson								, Balto					
20a. METHOD OF DISPOSITION 1 Derial 2 A Cremation 3 Ram	oval from Stata	other nie	lene			metery, crematory o			20c. LOCATION — City or Town, Stata				
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LA	wetr	etro Crematory, Inc.											
	-	M		22. C	ren	nation	Soc	ciety o	of M	[arv]	Land		
George E. N	MacNabb			2	99	Freder	ricl	k Road	Ba	lto.	, MD 2122		
s. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
	d												
PART ii. Other significent condition	e contributing to deet	h but not r	esuiting in	the un	deriyin	g csuse given	in Part	i, 24a. WAS AN PERFO		7 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
								1 YES XXX NO			COMPLETION OF CAUSE OF DEATH?		
								INSPE	CTIC	N	1 TES XX		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	₹:	LACE OF OEATH							
XXYES 2 NO	1 Inpatient 2 ER/O		DOA 28b. TIME	_		ne 5XXReidend	_	Other (Specify)	IN.IIJEV O	CCURFO			
XXXNatural 5 Pending	(Month, Day, Ye		INJU		W	ORK?	200	. DESCRIBE HOW		OUVHED			
2 Accident Investigation 3 Suinife 28e. PLACE OF INJURY — At home, farm								LOCATION (Street	Route Number,				
4 Homicide 8 Could not be detarmined	building, atc. (City or Town, State)				
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my k	nowledne de	oth converse	d at the t	lme dete	and place and d	tue to th	a newsorks and ma		Inted			
CONTROL ONLY	ER: On the basis of examin										a) and manner as stated.		
286 SIGNATURE AND TITLE OF CERTIFIE	nal					29c. LICENSE I					O (Month, Day, Year)		
10-11/11/11							. o muen		>				
30. NAME AND MODRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, I	Print)		OCME				0-,	20-90		
Examle Dorotti I	VIII)	4			1 D	enn Str	apt.	Baltimo	re M	21 מו	201		
31. DATE FILEO (Month, Day Year)	in Milabarulla	TENANTRE	-		F	CHI DUL	راكات	Darchill	TCIN	L 2 L	G V L		
JUN 22 1990 90	the state of												



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)	nderson	King		2. DATE OF DEATH MONTH	DAY YI	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 240-38-8987	5. SEX 5. AGE (II	yrs. last birthday) IF I	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
Sinai Hospi	eet and number)	9b.	CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3800 Belveder	re Ave A	Pot 419	10f. ZIP CODE 2/2	15	10g. CITIZEN	U, S, A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxico 1 YES 2 NO Specifi	in, Puerto Ricen, etc.)	Yea or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
15, DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a, DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b, KIND OF E	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Lest) GEORGE KIN	.4		18. MOTHER'S NA	ME (First, Middle, Meid	len Surname)	
100. INFORMANT'S NAME (Type/Print) EUNICE KINY		3800	Belvedere	Poute Number, City or 1 Ave Ap	own, State, Zip Co + 419	Balto, rd 21215
20a, METHDD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	val from Stata	PLACE OF DISPOSITION other place)	N (Name of comotory, cromotory or UTUS MEM PO	ark A	butus,	
21. SIGNATURE OF FUNERAL SERVICE LICE	Ma	rch	MAYCH F.H. L 4300 W	West abash A	e	
23. PART I. Enter the diseases, or contact shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lardic	the death. Do not and line.	anter the mode of dying, suc	ch as cardiac or re-	apiratory arrest	t, Approximata Interval Between Onset and Daath
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	c Aneurysh	^		Shrs
PART II. Other significant conditions	contributing to death b	ut not resulting in ti	na underlying cause given ir	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY-FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		25. PLACE OF DEATH (C			
27. MANIBER OF DEATH 1 Natural 5 Pending	20a. DATE OF INJURY (Month, Day, Year)	28b. TIME DI		26d, DESCRIBE HO	W INJURY OCCUP	RED
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	t, factory, office	261. LOCATION (Street, City or Town, Str	et and Number or ste)	Rural Route Number,
contain only			t the time, deta and pleca, and du n my opinion, death occured at th			
296. SIGNATURE AND TITLE OF CERTIFIER	Bell	mp	29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	" Belude	at Cho	INSM1	- Bulto.
31. DATE FILED (Month, Day, Year) JUN 2. 2. 1990 4	32. REGISTRAR'S SIGN			0		U

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2

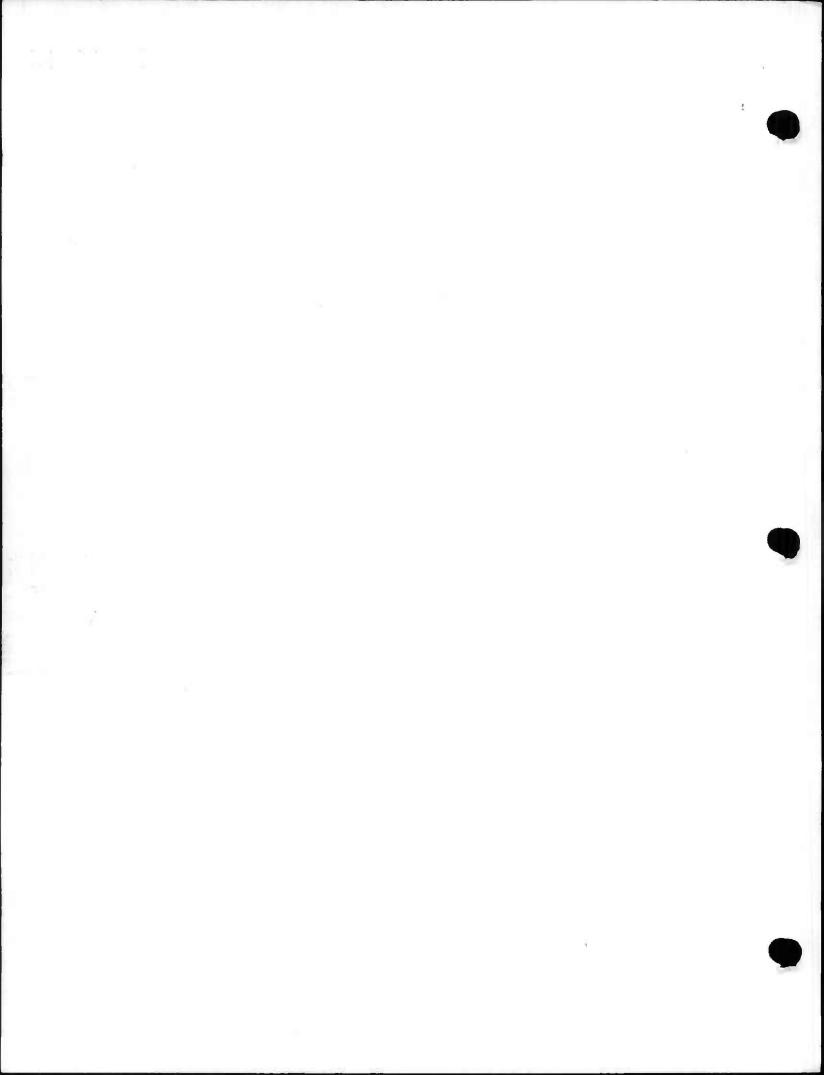
31. DATE FILED (Month," Day, Year?

0

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

and or retained by the hospital or attending physicials.	tor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		rust be notified at once.
HUSTIAL OF ALLENDING PRINCIPLY THE LAW ENGINES HIS THE DESCRIPTION OF SECURITY	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	KTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 1990 JUNS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 KF VRS JARY V 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH Se COUNTY OF DEATH DIRECTOR 449 ST. JOSEPH MORS TLAC lowson 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1ARY LAND ERVILL 1 YES 2 NO FUNERAL IGA STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY P DARY 21093 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, CIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, alc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 8 YRS. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) AC BE 19a. INFORMANT'S NAME (Type/Print) 2 FAMILY AB 20a, METNOO OF DISPOSITION
15 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State ☐ Donation 5 ☐ Other (Specify) ALL Ans 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHIMES SHAPE EVANS 2325 0 0 23. PART I. Enter the dissesse, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between **Onset and Death** IMMEDIATE CAUSE (Finsi disease or condition tan - ans resulting in death) UN TASC antas car CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ing Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide datarmined 29a, CERTIFIER 1 📆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIONEO (Month, Day, Year) Henri 1106 orstaden. D



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR			CITTI	ICATI	- 01	DEA	111		REG. NU.			
i	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O MONTH	F DEATH DA	Y Y	EAR	3. TIME OF DEATH
Ì	JOS				JDER		JR.		JUN				10:13P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le:		MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day Ybar)			LAND
1			67	YRS.						- 2 1			
_	9a. FACILITY NAME (If not institution, give s						OR LOCATI	ON OF DE	ATH		9c. COUNTY		
DIRECTOR	THE JOHNS HOPK	INS HOSPI	TAL		BA	LTIM	IORE				BALT	LIMC	ORE CITY
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CI	Y, TOWN	OR LOCA	TION			-		$\neg \tau$	10d. INSIDE CITY
뜽	MARYLAND			BAL	TIM	ORE							LIMITS?
-	10e. STREET AND NUMBER			.1			r. ZIP COD	E			10g. CITIZE		HAT COUNTRY?
FUNERAL	819 S. MILTON A	AVENUE					2122	4			US	Α	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDEN	T, EVER IN U.S. AI	RMED		WAS OE	CENDENT (OF HISPAN		(Specify Yea	or No — 14	. RACE	- American Indian, White, atc.
	1 Never Married 2 Married	IF YES, GIVE V		NO			ecify Cubi		n, Puerto Ri /:	can, etc.)		Specifi	v:
BY	3 🕅 Wildowed 4 🗌 Divorced	WWI	I								M	HIT	E
回	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done	during m	ON ost of worki	ing	18b.	KIND OF BUS	SINESS/INOUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	r)	DO NOT					1.15	CTEDA		0.7.0	
COMPLETED	8 YEARS		LA	BORE	. K						\ ELE	LIR	
8	17. FATHER'S NAME (First, Middle, Lest) JOSEPH KAJDER						1/1/1/2019			iddle, Meiden POLEK			
8	JOSEPH KAJDER 199. INFORMANT'S NAME (Type/Print)												
2	MS. BERNADETTE	NA JOED	- 1								n, State, Zip G		122/
			20b, PLACE						NUE		CATION — CI	_	
1	20q. METHOD OF OISPOSITION 1 Buriel 2 Cremation 3 Fem 4 Densition 5 Content (Specify)	oval from State	ST.						RV		TO.		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	31.	J 1 / 11									
1	1/2.1 1/										HOME		
(Nanuo xacz	Moush	-		_						ALTO.		21224
	23. PART I. Enter the diseases, of ahock, or heart fellule.	complications the	it coused the duse on each lin	eeth. Do e.	not ente	r the m	ode of dy	ing, suc	h aa cerdi	iac or reepi	ratory arrea	it,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine)	M	11	1.	1 1	0.1	r _	1º) -				Onset and Death
- 1	resulting in death)	a. DUE TO	OR AS A CONSE	OUENCE O	1	-47	200	116	1				10 KKZ
_	_	1	Ventric		Tali	e Paris	Cand	10					10 hors
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO			OF):	CVV	Cors						100103
8	ceuse. Enter UNDERLYING	C.	Lung (2400	1/100	th	Meta	Star	ses				12 4rs.
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE (OF):	,						_	J
	resulting in deeth) LAST	d											
	PART II. Other significent condition	as contributing to	death but not	resulting	In the u	nderivii	na ceuse	alven in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
₹ I							.,	g-1,011 11		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL									-	1 TYES 2	! ☑ NO		OF DEATH?
Σ									—				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26.5	N ACE OF	DEATH (C)	neck only one	-1			
$\frac{3}{2}$	EXAMINER?	HOSPITAL:	□ ED/Outpetlant	a 🗆 noa	OTHE	R:							
BY PHYSICIAN:	27. MANNER OF DEATH	1 Propettent 2 I		28b. TI			me 5 □ F	MSIGENCE	6 Other		NJURY OCCU	RED	
=	1 Netural 6 Pending	(Month, I			IJURY M	W	ORK? YES 2	□ NO					
	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At I	ome, ferm	street, fee						and Number o	r Rural F	Route Number,
	4 Homicide 8 Could not be determined	building	, atc. (Specify)						City o	or Town, State			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f mu knowleder	lasth cor	rend at the	almo d	n and at-		to the seri	20/2) 224 = -		_	
M M	(Check only one) 2 MEDICAL EXAMINI) and menner as stated
응					,	3p1011,							
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	n n	2)				29c. LIC	CENSE NU	MBER 2		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	Y COMPLETED ST	()	EM 07 /	n But-st		1	1120	2		(0)	121	//
'	A D A	() (C A	I AAA			e h	Min .	(c 11	LCDIT	-A-1 C	L. 771	1100	e MD
	31. DATE FILEO (MANA DOL MONA)	WILOON	A S SIGNATURE	n 4 -	OTIN	2 14	IKIN	12 4	02111	116- 6	ACTIA.	76/6	C, MLW
- 1	31. DATE FILEO JUN Poy 22 199	10 gula	Jan die	fonde									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the nospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	'H DAY	YEAR	3. TIME OF DEATH
	Catherine	R. Keden	burg			06 2:		90	1:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI		8. BIRTH Country	PLACE (State or Foreign
	124-20-6097 9e. FACILITY NAME (If not institution, give st		35 YRS.	MONTHS DAYS	OR LOCATION OF DE	05 05	05		YORK
œ			202200000			ain	9c. C00	MIT OF D	EATH.
2	VILLA ST. MICHA	EL NURSING C	ENTER	BAL	TIMORE				
DIRECTOR	10e. STATE 10b. COUNTY	7	10c. CIT	Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	MARYLAND			BALTIM	ORE				1 💢 YES 2 🗌 NO
AL	10e. STREET AND NUMBER			10	r. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	4800 SETON D	RIVE			2121.	5		US	SA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		CENDENT OF HISPAN pecify Cuben, Mexica			14. RACE Black	- American Indien, White, etc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			3 2 XNO Spec//		/	Speci	WHITE
	15. OECEDENT'S EDUC	CATION	40. DECEDENT'S	HOUSE COCHOE	-	Tab Kinib o	F BUSINESS/IN	DUSTEN	MULTE
COMPLETED	(Specify only highest grade	completed)	16e. DECEDENT'S (Give kind of a life. Do NOT us	work done during m	ost of working	10B, KIND O	r BUSINESS/IN	DUSINI	
ا ڌ	Elementary/Secondery (0-12) 12TH	College (1-4 or 5+)		PREPAR	ATTON		טוווס דו	ODVIN	S UNIVERSIT
N N	17. FATHER'S NAME (First, Middle, Last)		1001	TREFAR	_	ME (First, Middle, M		OPKIN	12 ONIAFK2II
	HERBERT	' RIDER				LLE CREG			
H	19e. INFORMANT'S NAME (Type/Print)	KEDEK	195 MAILING	ADDRESS (Street	and Number or Rural			In Code)	
2	RICHARD PHILLIP	2S			AVENUE,				21218
- 1	20s. METHOD OF DISPOSITION	201	D. PLACE OF DISPO	SITION (Name of co	emetery, crematory or		c. LOCATION —		
- 1	1X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	oval from State	NEW CATH	EDRAL C	EMETERY				MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	L 1		ND ADDRESS OF FA			,	
	· a all	in Slik	Sh	A. A	LAN SEIT Roland	Z, JR. F	UNERAL	HOM	21211
	23. PART I. Enter the diseases, or o								Approximats
	ahock, or haart fallure. IMMEDIATE CAUSE (Final	List only one cause on a	ach Ilna.						intarval Batween Onset and Daath
	disease or condition	PHILLIA	nonca	t					
	resulting in death)		A CONSEQUENCE O						1
z		b							
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
8	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	c							
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFICATION	resulting in death) CAST	d							
	PART ii. Other significent condition				ng cause given in	Part i. 24a. W	AS AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
S	multionfo	act Dem	entiq			100	ES 2 LNG		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	l							- 1	OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL						_			
¥	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	neck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	me 5 🗆 Rasidence	6 Other (Specif	v)		
Ŧ	27. MANNER OF DEATH	280. DATE OF INJURY	26b. TIR	AE OF 28c. II	JURY AT	28d. DESCRIBE		CCURED	
YP	1 Matural 8 Pending	(Month, Day, Year)	lis.		YES 2 NO				
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory, off	ice	26f. LOCATION (: City or Town,		er or Rural i	Route Number,
COMPLETED	4 Homicide determined	bunuing, etc. (Spe	эспуу			City or lown,	State)		
Ä	29e. CERTIFIER (Check only	ICIAN: To the beat of my know	wledge, death occur	red at the time, de	le end piece, and du	lo lhe cause(e) ar	d manner as st	ated.	
ME	anal and	ER: On the basis of examination							e) end manner ee stated.
	29b. SIGNADARY AND TITUE OF CERTIFIE	0			29c. LICENSE NU	MAFR	294 04	TF SIGNE	(Month, Dev. Year)
BE	Chel of	4			D338	-0	•	6/3	1/91
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type	e, Print)	1	- /		1	-/(-
	Robert Vissi		43	00 N.	Charle	5+	Balto	2018	MD 21218
	31. DATE FILED (Month, Day, Year) 2 2 1990	32. REGISTRAR'S SIG	NATURE						

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	2300											36	}	169	18
	1 - FOR STATE REGISTRAR	STATE OF N		DEPAR						IYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH DA	Y	YEAR		ME OF DEATH	
	James		R.		_	elace			6-20					30PM	М
	4. SOCIAL SECURITY NUMBER 219-34-2463	5. SEX 1 X M 2 F	6. AGE (In yrs. h	YRS.	IF UNDER MONTHS	DAYS	HOURA	24 HRS. MIN.	7. DATE OF (Mogth, D)	8 - 3	8	6. BIRT	HPLACE	(State or Foreig A	מן
SR	9a. FACILITY NAME (If not institution, give str 837 N. Madiera St					altir					9c. COU	NTY OF I	DEATH		
5	RESIDENCE OF DECEDENT			100 017	Y. TOWN C	D LOCATI	011						1 104	NSIDE CITY	
DIRECTOR	MD ISE COUNTY				TIM			TY					VI	LIMITS? YES 2 NO)
MI	10e. STREET AND NUMBER					101.	ZIP CODE	Ē			10g. CITI	ZEN OF	WHAT C	OUNTRY?	
Ë	837 N. MADERIA						212					ISA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO		WAS DECE If yes, spe 1 — YES	elfy Guba	n, Mexica	IIC ORIGIN? (\$ n, Puarto Rica /:	specify Yea n, atc.)	or No-	14. RAC Blac Spec		nerican Indian, a, atc. BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		+)	DECEDENT'S	work done e se retired.)	during mos	N it of workin	g	16b. KI	ND OF BUS	BINESS/IND	USTRY			
MP	8th		U	NEMP	LUYE	ט :				2 1150					
BE CO	17. FATHER'S NAME (First, Middle, Lest) WILLIAM LOVEL	ACE						ATT	ME (First, Midd IE W	ALT(,				
TO	19a. INFORMANT'S NAME (Type/Print) WILLIAM B. LO	VELACE							Route Number, - BALT				21	.213	
	20a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	wal from State		E OF DISPO							CATION —				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	O ADDRE	SS OF FA	CILITY						
	> Glades	War	nen		WM	1.C.	MA	RCH	F.H.	110)1 E	. N	ORT	HAVE	
	23. PART I. Enter the diseases, or cannot be allowed anock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	seizur	use on each li	_{der}		the mod	de of dy	ing, suc	h aa cardlad	or reapi	retory an	reat,		Approximate Interval Bett Onset and D	ween
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	O (OR AS A CONS	EQUENCE O	OF):								+		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE O	F):										
PHYSICIAN: MEDICAL CI	PART II. Other algolificant condition	a contributing to	death but no	t reaulting	in the ur	nderlying	j cause (given in	_ 1	PERFOR	RMED?		AMAIL COMI OF D	E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAL EATH?	USE
N: W									_ -	LNSPE	CTIO	N	1 []	AES XX NO	,
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			6 Other (S	(pecify)					
	27. MANNER OF DEATH XXX Vistural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF IJURY M		URY AT RK? (ES 2] NO	28d, DESCR	IBE HOW	INJURY OC	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE building	OF INJURY — At I, atc. (Specify)	home, farm,	street, fac	tory, office	•		28f, LOCATI City or	ON (Street Town, State)		r or Rura	l Route l	Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												e(a) and	manner aa stat	ted.
BE CC	296. SIGNATURE AND TITLE OF GENTLEVES	2						ENSE NU	MBER		29d. DAT		ED (Moni	th, Day, Year)	

10 DOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201

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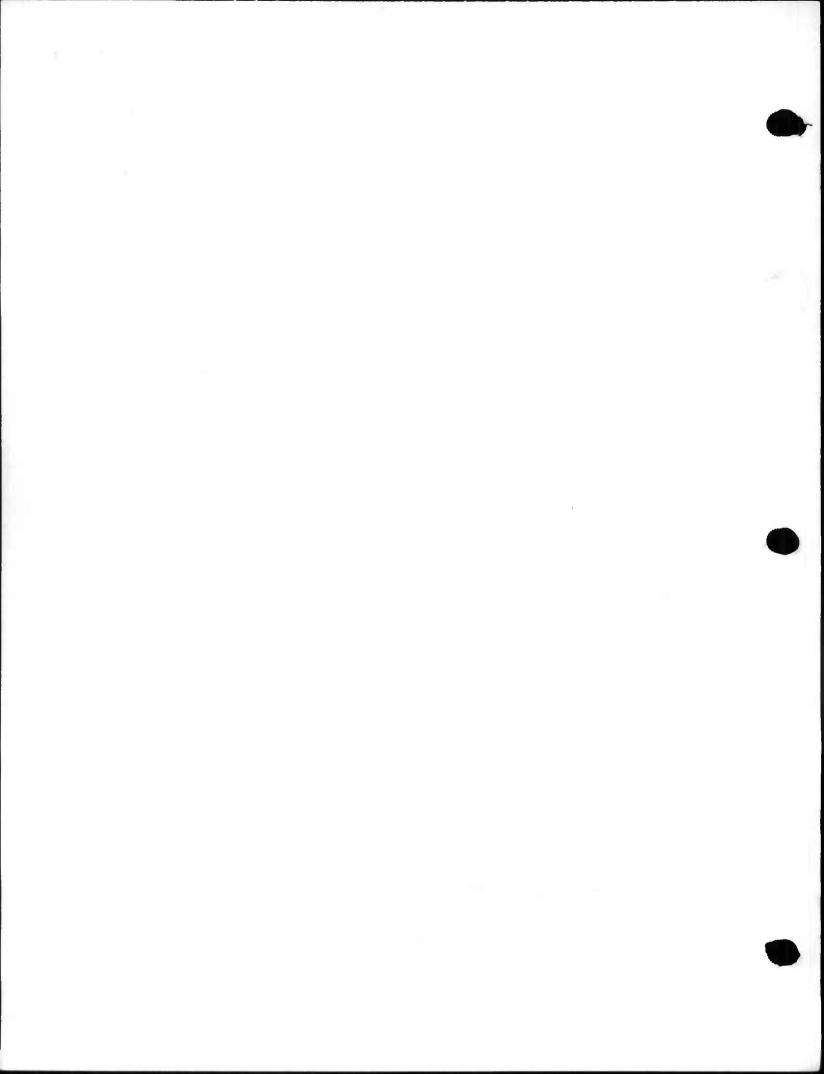
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9-21-90

31. DATE FILED (Month, Day, Year)

Ann M. Dixon, MD

32. REGISTRAR'S SIGNATURE



NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

41 02 PARTER PARTER CHANGE

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31. DATE FILED (Month, Day, 1990)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within .	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page Symbol Del	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be rectified at one
50	3	vith	AN
H	LL.	P	A
F	E	file	8
2	2	8	Σ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LIPPA JOSEPH JEREME 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7 DATE OF BIRTH (Month, Day, Your, MONTHS DAYS HOURS 216-20-4888 63 1 M 2 F VRS Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Middle River 9901 Tailspin Lane Apt. Baltimore DIRECTOR RESIDENCE OF DECEDENT IOC. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Md. Middle River Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 9901 Tailspin Lane Apt. 21220 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 1 Never Married 2 Merried 1 TES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced .W. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 6 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest E Elementary/Secondary (0-12) College (1-4 or 6+) Lothing Designer Garment COMPL 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) James F. Lippa atherine Svehla BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 0 Michael J. 904 Ridgewood Ave. Annapolis, Md. 21401 Lippa 20e. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Most Holy Redeemer (em. Baltimore, 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 10 an Eastern 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) tank disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED Natural 1 YES 2 NO BY Investigati 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of any knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated 296. SIGNATURE AND TITLE OF DERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE -90 Monora 2

DUNDAL

DNMH-16 Rev 1/89

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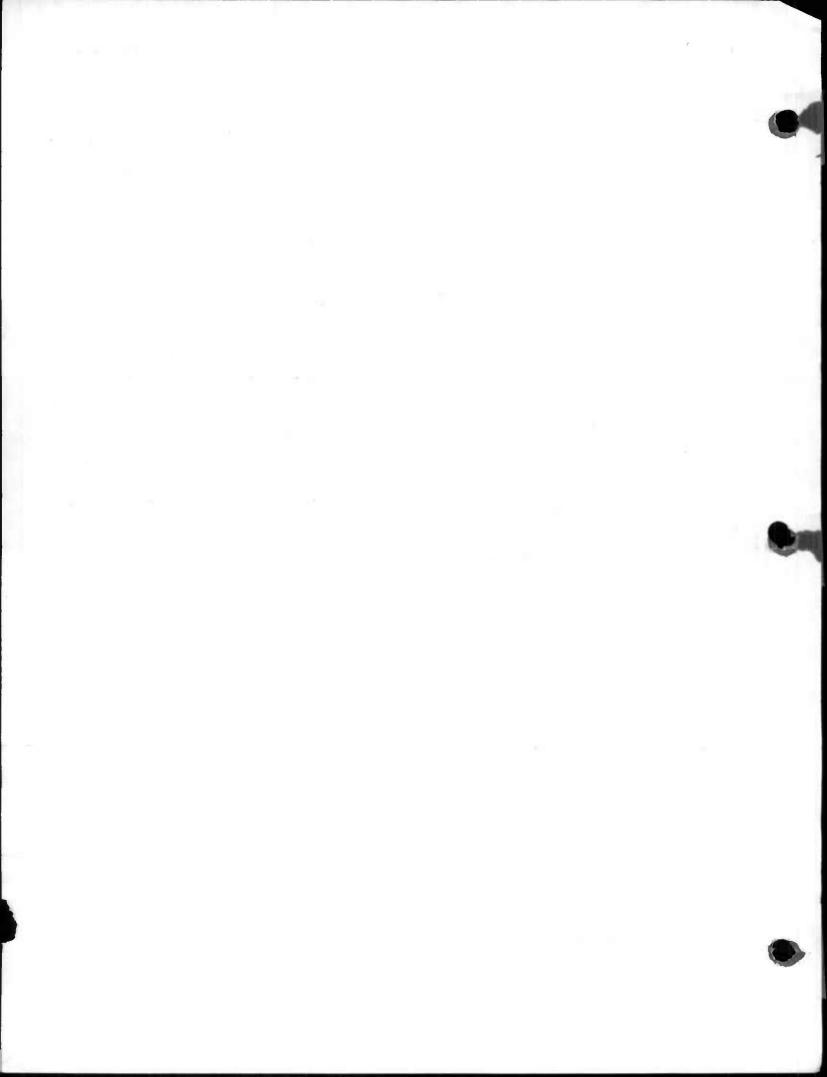
and the grant of the same

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FOR

1 M NO	LI DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	popular. When 29 to marked or them 23 shows any injury or other traumatic event, the medical examiner must be notified at once
HUSPITAL ON ALIEN	FUNERAL DIRECTOR	within 72 hours after	TABLE. 16 16am 20
2	D THE	e filed	DOGE

	1 - STATE REGISTRAR	OINTE OF I		ICATE OF	DEATH	REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	DOYLE	W	LANDIS			06/19/9		01:36 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	216-10-2142	1 📉 M 2 🗌 F	79 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08/08/]	n hi	JEST VIRGINIA
	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
<u>۳</u>	ST JOSEPH HOSE	PITAL		TC	WSON		BA	LTIMORE
DIRECTOR	RESIDENCE OF DECEDENT							
#	100. STATE 10b. COUNTY		IMORE 10c. CIT	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
		DALI.	IMORE	PARK				1 YES 2 NO
PA	3218 ACTON RO	DAD		10	21234	1	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. ARMED			#IC ORIGIN? (Specify Yes	- U	BACE — American Indian,
	1 Never Merried 2 Merried	FORCES?	1 YES 2 NO	if yes, sp	ecify Cuban, Mexica	n, Puerto Rican, atc.)	107 NO- 14.	Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	1 U YES	2 NO Specify	<i>f</i> :	1	Specify:
8	15. DECEDENT'S EDU (Specify only highest grade	CATION		USUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUST	RY
<u>Li</u>	Elementary/Secondery (9-12)	College (1-4 or 5	Ille Do NOT I			0		
MP	12762.		77737	RCAR	RILR	POST	OF	rics
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NA	ME (First, Middle, Melden	Surname)	"CL"
BE	William Ju	2000	LANDIS		HRM	OTA EL	امد	1 KISSIC
2	196. INFORMANT'S NAME (Type/Print)	200.		_		Route Number, City or Tow	n, State, Zip Co.	de)
	20e. METHOD OF DISPOSITION	ORUS		1 3m	V	ONE		
	1 Buriel 2 Cremetion 3 Rem	oval from State	Cother piece)	OF OF	metery, crematory or	200. 10	CATION - City	or Town, State
	4 □ Donetion 8 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE \	IGHKUL	22. NAME A	ND ADDRESS OF FA	CILITY. = C	STOR	2110-
	11000	2 1					000	17125
	Hould TK	Nones			DHAR		0-79	RKVILLE
	23. PART I. Enter the diseases, pr ahock, pr heert feliure.	List only one ca	use on each line.	not enter the me	ode of dying, auc	n aa cardiac or resp	iratory arrest	interval Between
- 1	iMMEDIATE CAUSE (Finel disease or condition	1 1	. 4/6		0.	-1.0	/	Onset and Death
	reaulting in death)	DUE TO	O (OR AS A CONSEQUENCE	valus o	1 sign	und colo	~	12 ars
_			(on the householder)	(0			j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSEQUENCE	OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C						
E	that initiated events	DUE TO	O (OR AS A CONSEQUENCE	OF):				
E	reaulting In death) LAST	d						
LC	PART II. Other aignificent condition	na contributing to	o deeth but not resulting	In the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
DICAL	COPD, bro	nchial	adenomes			PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
E	ASCVX, an	cina.	-1 . 6 /	Prillati	m		(2)	DF DEATH?
~	Malnutrition	0						
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (C)	neck only one)		
SIC	1 YES 2 AO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN: ME	27. MANNER OF DEATH	28e. DATE C		ME OF 28c. IN	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	ED
ВУ	1 Natural 5 Pending 2 Accident Investigation	1327			YES 2 NO			
ED E	3 Suicide 6 Could not be	28e. PLACE building	OF INJURY — At home, farm g, etc. (Specify)	, street, factory, offi	ce	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
ITE	4 Homicide determined							
PL	Control only	ICIAN: To the best	of my knowledge, death occu	rred at the time, dat	e end place, end du	e to the cause(e) end mi	nner as stated.	
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basie of	examination end/or investigat	ion, in my opinion,	death occured at the	time, date end place, e	nd due to the c	euse(e) end manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
m	1-1012160	TPANO	1		1 1 0 20	T47	6	120190
0	/	1200			2000			1-0110
5	30. NAME AND ADDRESS OF PERSON W		USE OF OEATH (ITEM 27) (Typ	pe, Print)	2000	7	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5). FER	USE OF OEATH (ITEM 27) (TY) RER / /) ARTS SIGNATURE	760	o OSL	erdn-T	SWS01	Y-17D21204



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mors after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.			
	DECEDENT'S NAME (First, Middle, Last) ANNA M.		A. LONG LONG			2. DATE (MONTH	OF DEATH DAY	9, 199	EAR	TIME OF DEATH 2:35 P.M
	4. SOCIAL SECURITY NUMBER 217-10-7508 9s. FACILITY NAME (If not institution, give si	1 🗆 M 2 XF	72, YRS. WG	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	AUG.	OF BIRTH Day, Year)		NEW	YORK .
TOR R	HARBOR HOSPITAL			BALTIM				CIT		7
DIRECTOR	10a. STATE 10b. COUNTY	ARUNDEL	374	N BURNI					100	d. INSIDE CITY LIMITS? YES 2 X NO
	10e. STREET AND NUMBER		T OLD!		ZIP CODE				N DF WHA	T COUNTRY?
BY FUNERAL	806 BARBARA COUR' 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 XNO	If yes, spi	21.061 ENDENT OF HISPAN Holfty Cuban, Mexican 2 X NO Specify	n, Puarto R			Black, W Specify:	American Indian, thite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	SUAL OCCUPATION for during more during mor	N st of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
OMPL	12 17. FATHER'S NAME (First, Middle, Last)	NO	EXECUTI	VE SECE	ETARY 16. MOTHER'S NA				R VE	HICLE ADM.
BEC	RAPHAEL ARBACHASK	I	T		JULIA			NKNOW		
٩	198. INFORMANT'S NAME (Type/Print) JOHN R. LONG				nd Number or Rural F					
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetton 3 Rem 4 Donation 5 Qifer (Specify)	oval trom State	PLACE OF DISPOSITION OTHER PLACE) LEN HAVEN	ION (Name of cer	netery, crematory or		20c, LO	CATION — CH LEN BI	y or Town	
	21. SIGNATURE OF TUNERAL SERVICE US		m	22. NAME AP	D ADDRESS OF FA	CILITY S]	INGLET	ON FUI	VERAI	
CERTIFICATION	IMMEDIATE CAUSE (Final	a. Rupture of DUE TO (OR AS A DUE TO (OR AS A C.	two value consequence of:	aorti						Approximate Interval Between Onset and Death
	that initiated events resulting in death) LAST PART II. Other algnificant condition	d	CONSEQUENCE OF):		cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						_	PERFOR		0	MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHER:	ACE OF DEATH (Ch					
	1 TYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME (OF 28c. IN.	URY AT HRK?	T	r (Specify) SCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec				28t. LOC City	ATION (Street or Town, State)	and Number of	Rural Rou	ite Number,
COMPLETED	(Critick orlly	SICIAN: To the best of my knowl								nd manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER		29d. DATE		forth, Day, Year)
5	30 NAME AND ADDRESS OF PERSON WY	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P		6			- 1	. 11	
	31. DATE FILED (Month) DON 22 1	32. REGISTRAR'S SIGN		pe.						

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Simovis

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmos, after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to bunial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

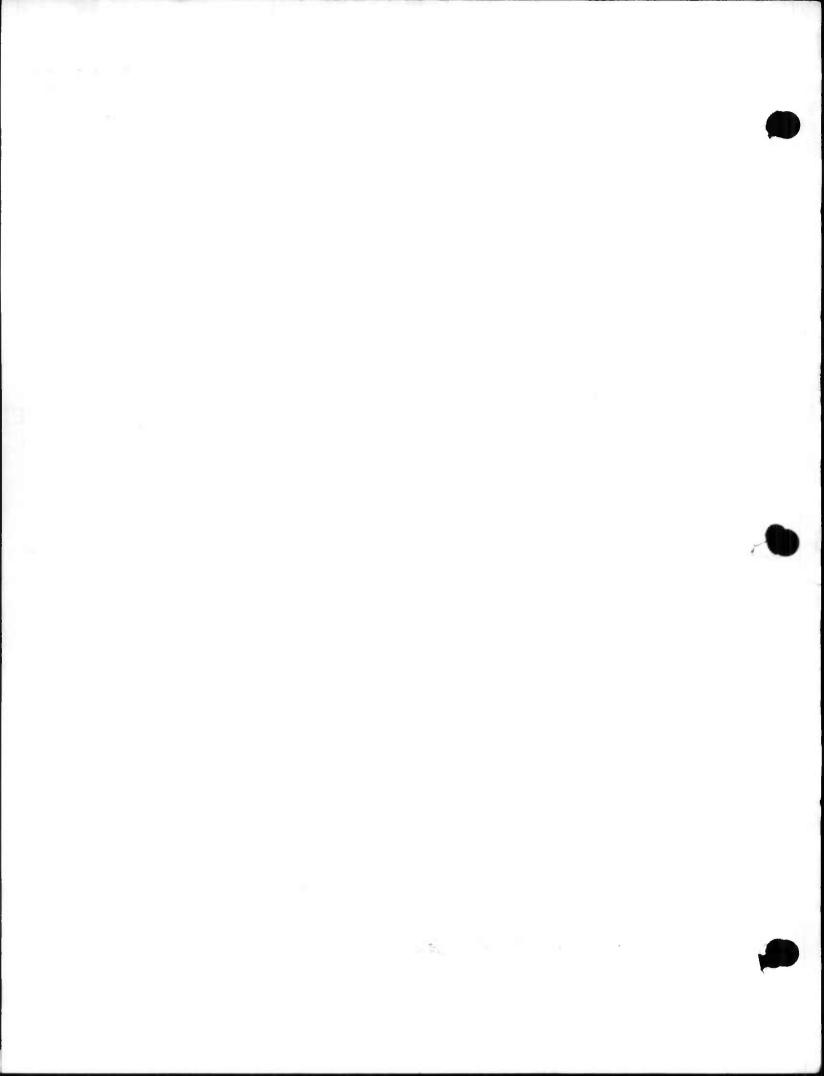
1 - STATE REGISTRAR		CE	RTIFI	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
Philip	Α.		L	ackey		6-2	20−90 °	XV	TEAR	7:15AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEA		7. DATE	OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
215-76-6194	XX M 2 □ F	35	YRS.	MONTHS DAY	S HOURS MIN.	12		54		
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	N OR LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
Rosewood State H	ospital			Ba	ltimore Co	ount	У	Balt	imon	ce County
RESIDENCE OF DECEDENT										
MARYLAND 106. COUNTY	BALTIMO	DE	10c. CITY	, TOWN OR LO						10d. INSIDE CITY LIMITS?
	DALITMO	KE	L	OWING	S MILLS					1 TYES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT		WHAT COUNTRY?
					21117				US	
11. MARITAL STATUS 1 X Never Merried 2 Merried	FORCES? 1	T EVER IN U.S. ARI		It yes	DECENDENT OF HISPAN , specify Cuben, Mexica	n, Puerto		or No—		E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 🗆 '	YES 2 X NO Specifi	/:			Spec	WHITE
15. DECEDENT'S EDUC	CATION	16a, OE(CEOENT'S	USUAL OCCUP	ATION	168	b, KIND OF BUS	SINESS/INI	DUSTRY	WHILLD
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Ma	ve kind of w Do NOT us	rork done during e retired.)	most of working					
NO SCHOOLING		"								
17. FATHER'S NAME (First, Middle, Last)		·			16. MOTHER'S NA	ME (First,	Middle, Meiden	Sumame)		-
DUDLEY C.	LACKEY				F	RANC	CES ENG	LISH		
19e, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Str	et and Number or Rural					
FRANCES LACKE	Y		4028	FALL	S ROAD, BA	LTTM	ORE. M	IARYT.	AND	21211
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		cemetery, crematory or			CATION -		own, State
1 St Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	DRU	ID PA	ARK CE	METERY		BA	LTIM	ORE,	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11	2		E AND ADDRESS OF FA					
· a alu	n 1	est (7		. ALAN SEI	-				
23. PART i. Enter the dieeeeee, or o	17.000	7 4	7	3	318 ROLAND	AVE	INUL - E	SALIU	. IVI	D. 21211
		of consumer that the	ath Do n	ot enter the					-	
shock, or heert fellure.				not enter the					-	Approximate interval Between
shock, or heert fellure. IMMEDIATE CAUSE (Finel				not enter the					-	Approximate
shock, or heert fellure. iMMEDIATE CAUSE (Finel disease or condition	List only one ce	RETARDAT	ION W	WITH SI		h ee car	rdlec or reep		-	Approximate interval Between
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one ce	use on each line	ION W	WITH SI	mode of dying, suc	h ee car	rdlec or reep		-	Approximate interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	Eliat only one ce	RETARDAT	ION V	NITH SI	mode of dying, suc	h ee car	rdlec or reep		-	Approximate interval Between
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Land of the state BALTIMORE, MARYLAND 21203-31

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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within several safter death.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, filled in by the funer	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

- 1	REGISTRAR		CENTIF	ICALE	JP DEA	111	REG. NO.			
- 3	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA	v	YEAR 3, TIME O	F DEATH
- 1	RONALD STU	ART MACE	KECHNIE				06 21	19	177.00	•12p.M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER		7. DATE OF BIRTH		B. BIRTHPLACE (Sta	
		1 3cM 2 F			YS HOURS	MIN.	MAY 5, 1	946	Country)	
	033-32-8705		4.4 YRS.						MASS.	
_	Se. FACILITY NAME (If not institution, give s			9b. CITY, TO	WN OR LOCATI		тн		TY OF DEATH	
6 I	ST JOSEPH HOS	PITAL			TOWS	N		BA	LTIMORE	
5	RESIDENCE OF DECEDENT									
뿐	MD BA		10c. CIT	Y, TOWN OR L	OCATION				10d. INSID	
<u></u>	MD BA	LTIMORE	H	BALTI	MORE				1 TYES	2 NO
7	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZ	EN OF WHAT COUN	TRY?
2	9307 INNSBR	OOK WAY				212	236	II	. S. A.	
z	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 WAG	DECEMBENT (SE MICRANIA	C ORIGIN? (Specify Yes		14. RACE — Americ	
BY FUNERAL DIRECTOR	1 Never Merried 2 Merried	FORCES? 1 YES	X XNO	If ye	a, specity_Cube	on, Mexican,	Puerto Ricen, atc.)	01110-	Black, White, att	2
≥	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 0	YES 2 A	Specify:			Specify: WHI	TE
		<u> </u>		<u> </u>						
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of	work done durin	PATION ig most of world	ing	16b. KIND OF BUS	INESS/INDU	STRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)					77017			
COMPLETED	NA	NA NA	VICE-	PRES	IDENT		BRUAD	WAY	SERVICE	S
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAM	IE (First, Middle, Meiden	Surneme)		
	MATTHEW MACKE	CHNIE			LII	LLIA	S JOHNST	ONE		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Numbe	r or Rural Re	oute Number, City or Tow	n, State, Zip	Code)	
2	CAROL MACKECHN	IE (WIFE)	9307	INNS	BROOM	X WA	Y, BALTO	. M	D. 2123	6
	20e, METHOD OF DISPOSITION		0b. PLACE OF DISPOS						Ity or Town, State	
	Nation 2 - Cremetion 3 - Rem	noval from State	other place O AK	CRUI	IF CEN	maiory or AFTF1	OV CUT		E, MASS	
	4 Donation 5 Other (Specify)		OAK							•
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		S CI	HE AND ADDRE	SS OF FAC EK FI	UNERAL H	OMES	TNC	
	1 4	CII.		970) 5 BEI	ATR	ROAD, B	AT.TO	MD 2	1236
	23. PART I Enter the discesses, or	complications that cause	ad the death. Do							proximate
	ahock, or heart fellure.			Ol dillor the	· 111000 01 03	ing, acci	aa caldiec of respi	ratory arre		rvai Between
	IMMEDIATE CAUSE (Finel	1	TON	X	4				99	et and Death
	disease or condition reaulting in deeth)		SC	V K)				X	TTE
- 9		DUE TO JOH AS	A CONSEQUENCE O	F):	0		0			111
z		. (1	cede	ac	_ (l	11	est		Se	eddo_
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						
₹ I	ceuse. Enter UNDERLYING									
Ĕ	CAUSE (Disesse or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):						
E	resulting in death) LAST	4							ļ	
CE		u								
	PART ii Other significant condition								+	
7	PART II. Other agrinoent condition	ns contributing to deeth	but not resulting	in the unde	riying csuse	given in i	Part i. 24a, WAS AN			OPSY FINDINGS
CAL	PART II. Other agrinosit condition	ns contributing to deeth	but not resulting	in the unde	rlying csuse	given in I	PERFOR	RMED?	COMPLET	PRIOR TO ON OF CAUSE
EDICAL	TAN II. Otter agrinoen conduc	ns contributing to deeth	but not resulting	in the unde	rlying csuse	given in I	Part I. 24a, WAS AN PERFOR	RMED?	COMPLETE OF DEATH	PRIOR TO ION OF CAUSE ?
MEDICAL	- Ann II. Silver agriculture	ns contributing to deeth	but not resulting	in the unde	rlying csuse	given in i	PERFOR	RMED?	COMPLETE OF DEATH	PRIOR TO ON OF CAUSE
AN: MEDICAL		ns contributing to deeth	but not resulting				PERFOF	RMED?	COMPLETE OF DEATH	PRIOR TO ION OF CAUSE ?
CIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		but not resulting		riying cause		PERFOF	RMED?	COMPLETE OF DEATH	PRIOR TO ION OF CAUSE ?
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	1	OTHER:	26. PLACE OF	DEATH (Che	PERFOF	RMED?	COMPLETE OF DEATH	PRIOR TO ION OF CAUSE ?
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpution: 2 ERIO	orpatiónt 3 □ DOA Y 28b. TIR	OTHER: 4 Nursing	26. PLACE OF 3 Home 5 - F.c. INJURY AT	DEATH (Che	PERFOF 1 YES 2	MED?	AMAILABLE COMPLETI OF DEATH 1 YES	PRIOR TO ION OF CAUSE ?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:	orpatiónt 3 □ DOA Y 28b. TIR	OTHER: 4 Nursing 1E OF 28	26. PLACE OF	DEATH (Che	PERFOR 1 YES 2	MED?	AWAILABLE COMPLETI OF DEATH 1 YES	PRIOR TO ION OF CAUSE ?
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Oc 28e. DATE OF INJUR (Month, Day, Year	opetient 3 DOA Y 28b. TIN	OTHER: 4 Nursing AE OF 28 JURY M 1	2e. PLACE OF 19 Home 5 PR 6. INJURY AT WORK?	DEATH (Che	PERFOR 1 YES 2 ck only one) 8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	AMALABL COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Oc 28e. DATE OF INJUR (Month, Day, Year	rrpetiént 3 □ DOA Y 28b. TiN RY — At home, ferm,	OTHER: 4 Nursing AE OF 28 JURY M 1	2e. PLACE OF 19 Home 5 PR 6. INJURY AT WORK?	DEATH (Che	PERFOR 1 YES 2	NJURY OCC	AMALABL COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR	rrpetiént 3 □ DOA Y 28b. TiN RY — At home, ferm,	OTHER: 4 Nursing AE OF 28 JURY M 1	2e. PLACE OF 19 Home 5 PR 6. INJURY AT WORK?	DEATH (Che	PERFOR 1 YES 2 ck only one) B Other (Specify) 28d. DESCRIBE HOW 1 28f. LOCATION (Street	NJURY OCC	AMALABL COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR	Propertient 3 DOA Y 28b. Tilk IN RY — At home, ferm,	OTHER: 4 Nursing AE OF 28 JURY M street, factory	26. PLACE OF Place	DEATH (Che	Ck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCC	AMAILABLI COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ERJON 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S)	Propertient 3 DOA Y 28b. Tilk IN RY — At home, ferm, owledge, death occur	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF Place	DEATH (Che	Ck only one) B Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCC	AMAILABLI COMPLETI OF DEATH 1 YES URED Or Rural Route Numb	PRIOR TO ON OF CAUSE 2 NO
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 IERIO 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S)	Propertient 3 DOA Y 28b. Tilk IN RY — At home, ferm, owledge, death occur	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end maintime, date end place, en	NJURY OCC	ANALLABLI COMPLETI OF DEATH 1 YES URED or Rural Route Numb	PRIOR TO ON OF CAUSE 7 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 IERIO 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S)	Propertient 3 DOA Y 28b. Tilk IN RY — At home, ferm, owledge, death occur	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end maintime, date end place, en	NJURY OCC	AMAILABLI COMPLETI OF DEATH 1 YES URED Or Rural Route Numb	PRIOR TO ON OF CAUSE 7 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR 28e. PLACE OF INJUR building, etc. (S) BICIAN: To the best of my known in the basic of examinating	Propertient 3 DOA Y 28b. Tik IN RY — At home, ferm, ecity) wiedge, death occur ition end/or investigati	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end maintime, date end place, en	NJURY OCC	ANALLABLI COMPLETI OF DEATH 1 YES URED or Rural Route Numb	PRIOR TO ON OF CAUSE ? 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR 28e. PLACE OF INJUR building, etc. (S) BICIAN: To the best of my known in the basic of examinating	Propertient 3 DOA Y 28b. Tik IN RY — At home, ferm, ecity) wiedge, death occur ition end/or investigati	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end ma	NJURY OCC	ANALLABLI COMPLETI OF DEATH 1 YES URED or Rural Route Numb	PRIOR TO ON OF CAUSE ? 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 FRIOT 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJURD BICIAN: To the best of my known ER: On the basic of examinating HO COMPLETED CAUSE OF	PRY — At home, ferm, overledge, death occurration end/or investigation	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end ma	NJURY OCC	ANALLABLI COMPLETI OF DEATH 1 YES URED or Rural Route Numb	PRIOR TO ON OF CAUSE ? 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR 28e. PLACE OF INJUR building, etc. (S) BICIAN: To the best of my known in the basic of examinating	PRY — At home, ferm, overledge, death occurration end/or investigation	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end ma	NJURY OCC	ANALLABLI COMPLETI OF DEATH 1 YES URED or Rural Route Numb	PRIOR TO ON OF CAUSE ? 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 FRIOT 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJURD BICIAN: To the best of my known ER: On the basic of examinating HO COMPLETED CAUSE OF	PRY — At home, ferm, overledge, death occurration end/or investigation	OTHER: 4 Nursing AE OF 28 JURY M street, factory,	26. PLACE OF 19 Home 5 Pt. C. INJURY AT WORK? PYES 2 office of the end place iden, death occiden, death occiden, death occiden.	DEATH (Che	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Rown, State) to the cause(s) end ma	NJURY OCC	ANALLABLI COMPLETI OF DEATH 1 YES URED or Rural Route Numb	PRIOR TO ON OF CAUSE ? 2 NO PO NO NO NO NO NO NO NO NO NO NO NO NO NO



wit. Pages 1, 2, 3 should

DIRECTOR

TO BE COMPLETED BY FU

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

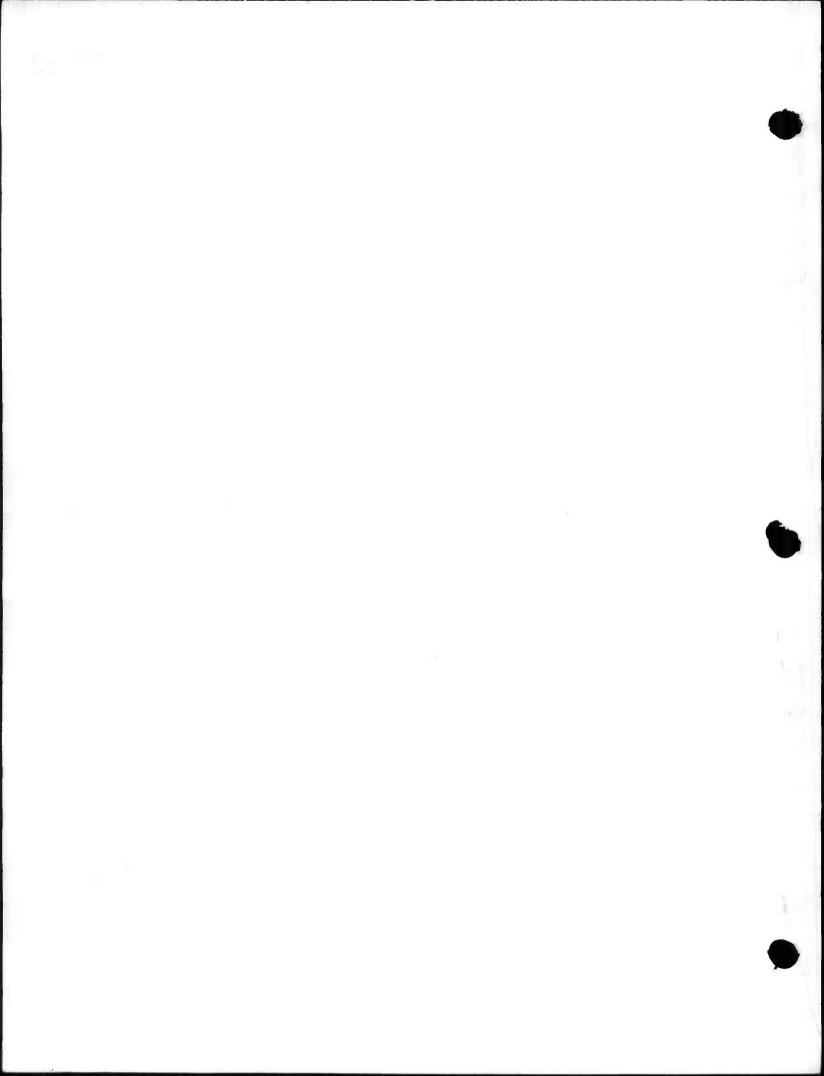
STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR		SIMIE UF N		RTIF	ICATE C			MENIAL I	REG. NO				
1. DECEDENT'S NAME (First, M.	liddle, Last)							2. DATE OF	DEATH		YEAR	3. TIME OF DEATH	
Allan		Ran	son	1	Menzies	5		June		м			
4. SOCIAL SECURITY NUMBER	5.	. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA	-	DER 24 HRS.	7. DATE OF	BIRTH ev Vesci		8. BIRTH	HPLACE (State or Foreign	
220-20-6051	1	X M 2 □ F	66	YRS.	MONTHS DAY	'S HOUR	8 MIN.	June 23 1923			-	Canada	
9a. FACILITY NAME (If not instit	tution, give street	t and number)			9b. CITY, TOV	N OR LOC	ATION OF DE	EATH		9c. COU	INTY OF D	EATH	
1611 Broad		D.			Lu	uther	ville			Ba	Itimo	ore	
RESIDENCE OF DECE	DENT 0b. COUNTY			140-017	Y, TOWN OR LO	CATION						10d, INSIDE CITY	
Maryland	Baltin	nore			utherv							LIMITS?	
100. STREET AND NUMBER	Dartin	iioi e			utilei v	10f. ZIP C	ODE			10a CIT	IZEN OF I	WHAT COUNTRY?	
1611 Broad	way Ro	d.					093			log. Or	USA		
1 Never Married 2 Webs. 3 Widowed 4 Divorce	erried	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W			If yes		ıban, Mexica	NIC ORIGIN? (S an, Puerto Rica y:		or No—	14. RACI Blac Spec	E — American Indien, k, White, etc. #y: White	
	ENT'S EDUCAT	mpleted)	(G		USUAL OCCUP		orking	16b. KI	ND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12	2) (College (1-4 or 5 - 4			of Pu	blic		1	Гerm	inal	Corp	ooration	
17. FATHER'S NAME (First, Midd	de, Last)			WA	renous.		OTHER'S NA	ME (First, Mick	de, Maiden	Surname)			
John Thoms		nzies						a May					
19a. INFORMANT'S NAME (Type Marion G.)		s			Broad						,	21093	
20a. METHOD OF DISPOSITION	N .	I A see Online			SITION (Name o	f cemetery, o	crematory or		20c. LO	CATION -	City or To	own, State	
4 Donation 5 Other (S	(pecify)	A A	St. T	homa	as Epis	. Ch	. Ce	m.	Ga	rris	on,	Maryland	
21. SIGNATURE OF TUNERAL!	Saffyrica Lican	ske ("VI	74		22. NAM	E AND ADD	RESS OF FA	ell-Wie	odofo	Jd			
1	Brya	n W. C	lary					arylar					
23. PART I. Enter the disc											rreet,	Approximate	
		t only one ceu	ise on each line).								Interval Between Onset and Deeth	
immediate cause (Final disease or condition resulting in deeth)		LIVER	FAILUF (OR AS A CONSE	E (HEPA	DC N	ERO	315)				3 MONTHS	
			OR AS A CONSE									3 HOUTER	
Sequentially list condition		DUE TO	(OR AS A CONSE	DUENCE O	10/100 <i>6</i>							CHONIE	
if any, leeding to immedia ceuse. Enter UNDERLYIN	G	MYF	OID ME	TAP	ASIA							4 YEARS	
CAUSE (Disesse or Injury that initieted events			(OR AS A CONSE		F):								
resulting in deeth) LAST	d												
PART ii. Other significent	t conditions of	nnerhusina sn	death but not	ro a ultila a	In the under	hilan anii	o obron in	Post I o	ta. WAS AN	LAUTOBOY		b. WERE AUTOPSY FINDINGS	
PART II. Other aigninean	Contamons	continuating to	death but hot	esuiting	in the under	rying cous	e given in		PERFO	RMED?	2**	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								— l¹	YES :	3 100		OF DEATH?	
				_				—				1 YES 2 NO	
25. WAS CASE REFERRED TO	MEDICAL				2	8 PLACE O	F DEATH (O	heck only one)					
EXAMINER? 1 YES 2 X NO	P	IOSPITAL:	ER/Outpatient 3	Ппо	OTHER:				Dane M. J				
27. MANNER OF DEATH		28s. DATE OF		28b. TII		. INJURY A		8 Other (S		INJURY O	CCURED		
1 X Netural 5 Pe		(Month, E		IN	JURY	WORK?		1					
a C a sist	vestigation		OF INJURY — At he	ome, ferm,							er or Rumi	Route Number,	
~ ~ ~	ould not be etermined	building	atc. (Specify)					City or	Town, State)			
29a. CERTIFIER CERTIF	YING PHYSICIA	N: To the best of	l my knowledge, de	eath occur	red at the time.	date and pl	aca, and du	e to the cause	(a) end ma	nner as st	sted.		
CONDON ONLY		_										(a) and manner as stated.	
296. SIGNATURE AND THE O	Partification	1	()			29c.	LICENSE NU	MBER		29d, D/	TE SIGNE	D (Morith, Day, Year)	
CLI	414	eust					D293	373		•	6/2	20/90	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAL	BE DEATH (ITE	M 27) (Typ	e, Print)						7	1	
Eric J 31. DATE FILED (Month, Day, Ye	Seif	ter, M	6.		(511 P	ark /	Avenu	e, B	alto.	, Mc	d. 21201	
JUN 22 1990] Julia	Julia Billion	TEN CONTRACTOR										

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, 7.C. 80% 19149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24: sifer death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-trimming helped within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
	2	2 2	₹

	1 - STATE REGISTRAR	STATE OF I	/MARYLAND CE		ICATE					REG. NO.	Ė				
	1. DECEDENT'S NAME (First, Middle, Last) BERTHA	Ε.	МУЕ						2. DATE OF MONTH			YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220 - 30 - 0218	5. SEX 1 M 2 X F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE OF			6. BIRTH Count	IPLACE (State or Foreign y) M D		
NO.	99. FACILITY NAME (If not institution, give str ST. JOSEPH	HOSP.					R LOCATIO	E, N				JNTY OF D	EATH		
5	RESIDENCE OF DECEDENT														
DIRECTOR	10e. STATE 10b. COUNTY					TIMODE							10d. INSIDE CITY LIMITS?		
	MD BALIII												1 VES 2 NO		
FUNERAL	818 BROOKS LANE						. ZIP CODE	1013	.1200		iug. Gri	USA	ZEN OF WHAT COUNTRY?		
빌	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (5	Specify Yea	or No-	_	E — Americen Indien, k, White, atc.		
BY FL	1 Never Merried 2 Merried 3 M Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						city Cuba		, Puerto Rica			Spec			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G/	ve kind of	USUAL O	CCUPATIO	ON at of workin	10	16b. KI	ND OF BUS	SINESS/IN	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)										
₹ I	17. FATHER'S NAME (First, Middle, Lest)		1 00	MES	110		40 11077	IEDIO MAN	AE (First, Mide	dl- Adalataa	C.manal				
BE CC	JOHN SMARTS						1111	MIRR	AH		-5-201				
2	11 196, INFORMANT'S NAME (Non/Print) 1 196, MAILING ADDRESS (Street and Number of Burel Poute Number City of Town, State, Zip Code)														
	20e. METHOD OF DISPOSITION 1 (X) Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Cremetion 5 CATONSVILLE, MD.														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Gladus	(2)	ane	7	W	M.C	. MA	RCH	F.H.	. 110	01 E	E. N	ORTH AVE.		
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one car	O OR AS A CONSE	OUENCE C	C								Approximate Intervel Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	DUE TO	O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	DUENCE C		C	AL	2							
EDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PROMED? 1 YES 2 NO 24b. WERE AUTOPSY PROMED? 1 YES 2 NO 24b. WERE AUTOPSY PROMED? 24b. WERE AUTOPSY PROMED? 24c. WERE AUTOP							b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATN (Che	ick only one)						
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 Nu	R:			6 Other (Specific					
PHY	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 280. IME OF INJURY (Month, Dey, Year)							□ NO	26d. DESCI		NJURY O	CCURED			
rED BY	3 Suicide 6 Could not be determined 4 Homicide determined								Route Number,						
COMPLET	29e. CERTIFIER Check only MEDICAL EXAMINER: on the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner as stated.								(s) end manner ee stated.						
BE CO	250. SIGNATURE AND TITLE OF CENTURE	ilie	~					ENSE NUM		,		ATE SIGNE	1		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (ITE	M 275 (Typ	ne, Print)		CO	CK	24	rVI.	u	7	no		
	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE			,		-	-/-			- /	Mark and a second		



	FOR	CTATE OF I	#ADVIAND /	DEDADI	PACNT OF	USALTH AND	MENTAL UVCIEN	ie.				
	1 - STATE REGISTRAR	SIAIC UF I				HEALIH AND F DEATH	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME DF DEATH			
	BABY	NESBI	TT				5- 20.	FU YE	2010 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign			
	NONE	1 - M 2 DPF	0	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		MARY LAND			
	Se. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	DR LOCATION OF D		9c. COUNTY				
TOR	UNIV EF	MD. MED	ical sy	STEM	BA	TIMORE		BA	LTIMORE			
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR LOC	ATION	10d. INSIDE CITY LIMITS? 1 YES 2 N					
FUNERAL	10e. STREET AND NUMBER	REET AND NUMBER 101. ZIP CODE										
FUNI	11. MARITAL STATUS 1 Never Married 2 Merried		IT EVER IN U.S. AF				NIC DRIGIN? (Specify Year, Puerto Rican, etc.)		S.A. RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 🗆 Y	ES 2 NO Speci	lly:	,	Specify: BLACK			
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)			USUAL OCCUPA		18b. KIND DF BL	JSINESS/INDUST	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Alfa-	. Do NOT us	retired.)							
COM	17. FATHER'S NAME (First, Middle, Lust)					FARL COLUMN	AME (First, Middle, Melder	10000				
BE						JANIC	E NESBIT	T				
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or To	wn, State, Zip Co	ole)			
	JANICE NESBIT	T										
	20e. METHOD DF DISPOSITION 1 □ Buriel 2 □ Cregnetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) 1 n → State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LI				22, NAME	AND ADDRESS OF F	ACILITY	-				
	Danualle	ku 6.	21-80		STA	TE ANATO	MY BOARD	, BAL	TO., MD.			
	23. PART I. Enter the diseases, or ahock, or heart fallure.				ot entar tha r	noda of dying, su	ch as cardiac or resp	olretory arrest	Approximata Interval Between			
	IMMEDIATE CAUSE (Final	0							Onset and Death			
	disease or condition resulting in death)		FVIABIL						3/2 hn.			
			(OR AS A CONSE						3/21-			
N	Sequentially list conditions,	U	REME OF AS A CONSE			4			3/40			
Ą	If any, leading to immediate cause, Enter UNDERLYING	DOE IC	(UH AS A CUMSE	GUENCE OF	7:				i			
CERTIFICATION	CAUSE (Diseasa or Injury that initiated events	C. DUE TO	(DR AS A CONSE	QUENCE OF	n:				<u> </u>			
Ē	resulting in death) LAST								ļ			
CEI		d										
A	PART ii. Other significant conditio	ns contributing to	death but not	resulting i	n tha undarly	ing cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
2	None						1 YES	2 40	COMPLETION OF CAUSE OF DEATH?			
MEC									1 TYES 2 ND			
-												
ΙĀ	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	theck only one)					
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	S Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER DF DEATH 1 Natural 5 Pending	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TIM	URY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED			
ВУ	2 Accident Investigation	28a PLACE	OF INJURY At N	ome form			284 LOCATION (Street	t and Number or	Pural Boute Number			
2 0	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)											
1				29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
MPLETE	(Check only											
COMPLETE	(Check only one) 2 MEDICAL EXAMIN	IER: On the basis of				, death occured at th	e time, date and place,	and due to the c	ause(e) and manner as stated.			
BE COMPLETED	(Check only	IER: On the basis of				, death occured at the	e time, date and place,	and due to the c				

MARYLAND

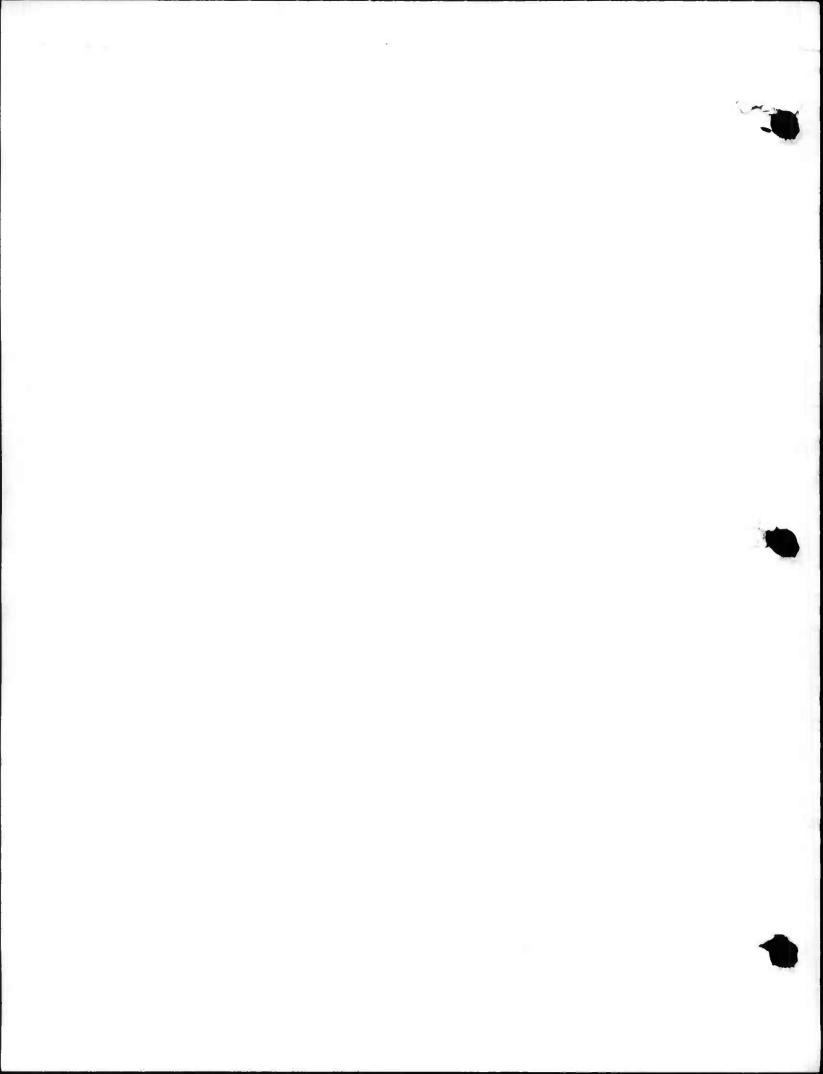
HOLPITAL,

BALTIMORE,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

), UNIV. OF

GUPTA, MD



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110	N: The law requires that the death certificate be executed within
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יייייייייייייייייייייייייייייייייייייי	HOSPITAL OR ATTENDING PHYSICIAN:
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—sors after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or removal.	
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FOR 1 - STATE REGISTRAR	STATE OF N) / DEPAR CERTIFI					MENTAI	HYGIEN REG. NO.	E		1004
	liam	Raymo		Prio	ce			MONTH	0F 0EATH DA	NY .	YEAR	8:53PM N
4. SOCIAL SECURITY NUMBER 213-82-8700	5. SEX 1 🛣 M 2 🗌 F	8. AGE (In yrs	. lasi birthday) YRS.	MONTHS D	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month O 4)	OF BIRTH 1	964	Countr	PLACE (State or Foreign y) yland
9a. FACILITY NAME (If not institution, give since Carroll County Go		ospita	1 (DOA)	9 ь. сіту, ті		nins		EATH	9c. COUNTY OF DEATH Carroll Cou			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Carr					TOWN OR LOCATION nchester							10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 3385 Maple Gro			I IVIA	inche	10f.	ZIP CODE				1 🗆 YES 2 🔀 NO 10g. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WIN FORCES? 1 YES 2 NO If y					NDENT O	F HISPAN	n, Puerto I	I? (Specify Yee Rican, etc.)			
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	T'S EDUCATION set grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Carpenter Home Building								ng			
17. FATHER'S NAME (First, Middle, Last) George Gerard Price, Sr. 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Joan Marie Mrozinski												
20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1X Burlet 2 Cremation 3 - Removal from State 4 - Donation 8 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ACCERSEE 22b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Baltimore, MD												
MacNabb Funeral Home, P. A. 301 Frederick Road, Catonsville, MI												
	disease or condition Contact gunshot wound of chest a. Contact gunshot wound of chest DUE TO (OR AS A CONSEQUENCE OF):											
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с		NSEQUENCE OF							_		
PART II. Other algnificant condition	ns contributing to	deeth but r	not resulting	In the und	erlying	ceuse :	given in	Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 \(\text{\sqrt{N}}\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF D	DEATH (C)	neck only o	ne)			
XX YES 2 NO 27, MANNER OF DEATH	1 □ Inpatient 2 □ 28e. OATE O	F INJURY	28b. TIM	4 Nursin	28c. INJ	URY AT	esidence		SCRIBE HOW	INJURY O	CCURED	·
PERFORMED? XX YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending investigation 28. OATE OF INJURY 28. DESCRIBE HOW INJURY 8:50PM 1 YES XX NO 28. LOCATION (Street and Num 28. PLACE OF INJURY AT WORK? 1 YES XX NO 28. PLACE OF INJURY AT NORM. 28. DESCRIBE HOW INJURY 1 YES XX NO 28. LOCATION (Street and Num 28. PLACE OF INJURY - At home, term, street, factory, office									Acute Number			
building, stc. (Specify) A Homicide Homicide Homicide Residence 3385 Mai							or Town, State	e Gr	ove,l	Manchester,		
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and mainter as stated. ***XMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.												
29M SIGNATURE AND TITLE OF CERTIFIE	18-KK \	ja	N				ENSE NU	MBER			TE SIGNE	O (Month, Day, Year)
MARIO F. GOLLE, J	R.,MD	1	P(ITEM \$7) (Type	L11 Pe	enn	Stre	eet,	Balt:	imore,	MD 2	1201	
31. 310Neo 22 1990 g	LL DERIN	ABIS A CHICA										

	-	llec	Ä,	6
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	supportant: is item 28 to marked or item 23 shows any injury or other traumatic event, the r
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MANLYS J MOCVEY

31. DATE FILED (Month, Day, Year)

JUN 22 1990 gula James

32, REGISTRINGS SHAMPIRE

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) PETER SON						2. DATE OF MONTH	17 M	1990	EAR /	ME OF DEATH
	217-48-9367	1 🗆 M 2 🖰 F 7	In yrs. last birthday) 5 YRS.	IF UNDER MONTHS	DAYS HO			31,1	914	Maryl	e (State or Foreign
TOR	99. FACILITY NAME (If not institution, give str Fallston Gener	·	al		llsto	ncation of oe	EATH		Har	ford	
DIRECTOR	Maryland Carro)11			tead					1 🗆	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1367 Main St.,										
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO		If yes, specify	ENT OF HISPAN Cuban, Mexica NO Specify	n, Puerlo Ric		or No 14	Specify: W	
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondery (0-12) 8 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE OWN HOME										
BE CON											
TO E	Wayne C. Belt 8 Holy Cross Rd., Street, MD 21154										
	20e. METHOD OF DISPOSITION 1 to Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of completely cremetory or other place). Dulaney Valley Memorial Gardens 20c. LOCATION - City or Town, State Timonium, MD 21093										
	21. SIGNATURE OF PRINCIPLE LIMINSEE 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 24. Second St., New Freedom, PA 17349								nc. A 17349		
	23. PAHT / Enter the diseases, or control of the second of	lat only one cause on e	ach line.					c or reapi	ratory arrea	it,	Approximate Interval Between Onset and Death
	raculting in death)	DUE TO (OR AS A	CONSEQUENCE C)F):	109		3 C				ZWKS
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE C	PF):	•	5					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		CONSEQUENCE								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDING								LABLE PRIOR TO PLETION OF CAUSE NEATH?		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:										
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 1 Notural 5 Pending Pending 28c. INJURY Notural 5 Pending Pendin									
TED BY	2 Accident trivestigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, fac			20f. LOCAT City or	TON (Street of Town, State)	and Number or	Rural Route i	Number,
COMPLETED	cont only /	CIAN: To the best of my know				,					manner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	abre			29	c. LICENSE NUI	MBER 30		29d. DATE 5	SIGNED (Mon	th, Day, Year)

OHMH-16 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	HYGIEN REG. NO.	E	9	1692
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	NA .	YEAR	3. TIME OF DEATH
	Pearl H. Prue	t.t.							6-			30	11:30 a
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
- 11	212-74-8798	1 M 2 X F	100	YRS.	MONTHS	DATS	HOURS	MAILS.		18, 18	390		RYLAND
	9e. FACILITY NAME (If not institution, give s							ION OF D	EATH			NTY OF D	
OR	RIVERVIEW NURSING	CENTER			E	SSE	X			10RE			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		T 100 CF	ry, rown (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND			100.01		IMOI	RE						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3313 GLENMORE A	VE.				101	21 21	214			U.S.	WNAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	TATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican If yes, Specify Cuben, Mexican If yes, Specify Cuben, Mexican If yes, Sive WAR OR DATES									or No	Spec	· ·
	15. DECEDENT'S EDU	CATION	16a DI	ECEDENT'S	LIGHAL	CCUBATI	201		466	. KIND OF BU	CINEGO/INI		VHITE
COMPLETED	(Specify only highest grade		(G	Sive kind of a. Do NOT u	work done	during mo	ast of work	ing	100	. KIND OF BO	SINCESS/INC	7031N1	
OM	17. FATHER'S NAME (First, Middle, Last)			1100	JL W	111	16. MOT	THER'S NA	ME (First, I	Middle, Maiden	Surname)		
	SAMUEL HUGHES						M	IARY	WILL	HIDE			
BE (19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	3 ADDRES	S (Street e	and Numbe	or or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
2	MARY VIRGINA GEIG	ER		331	3 GL	ENMO	RE A	VE.	BALT	IMORE	MD.	2121	4
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) MORELAND PARK 6/22/90 BALTIMORE MARYLAND												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DENI	NIS CAPI					ESS OF FA	CILITY F	BALTIM			
	Darning A	Belan		17110		FON	ARD .	.1 R					ORD RD.
_	23. PART I. Enter the diseases, or o	complications the	it coused the de	esth. Do									Approximata
	shock, or heert fallure. IMMEDIATE CAUSE (Final	List only one ca	use on each line	0.									Interval Between Onset and Death
	disease or condition resulting in desth)	8	nger			u	Ja	elu	u				10 day
		OUE TO	OR AS A CONSE	QUENCE (OF):								
O	Sequentially list conditions,	b. /	OR AS A CONSE	DUENCE C									SYN
AŢ	If eny, leeding to immediate cause. Enter UNDERLYING				,	1-7	111	(0.	- a/a				15 Thor
S	CAUSE (Disease or Injury that Initiated events	cDUE TO	OR AS A CONSE	QUENCE C))/)F):	the (ESLIC	JCC	- 6866	315			13 413
CERTIFICATION	resulting in deeth) LAST												
S		d											
AL	PART II. Other significant condition	s contributing to	deeth but not	resulting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOI		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
200										1 TYES 2	NO		OF DEATH?
ME													1 TYES 2 NO
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only o	10)			
XSI	1 TES 2 NO		ER/Outpatient	DOA			ne 5 🗆 F	Reeldence	6 🗆 Othe	r (Specify)			
BY PHYSICIAN: MEDICA	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. Til	ME OF JURY M		JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CUREO	
COMPLETED B	2 Accident Investigation 3 Suicide S Could not be determined	26a. PLACE obuilding	OF INJURY — At hi , atc. (Specify)	ome, farm,	street, fec	tory, offic	:0			ATION (Street or Town, State)		r or Rurei	Route Number,
E	29e. CERTIFIER AND CERTIFYING DUVE	CIAN. To the best	f my knaudadau - 4	anth are	and at at	Alma a day	and of						
MP	(Check only												(e) end menner se stated.
				veatiget		-p.1.1011, 1				ond place, of			
8	296. SIGNATURE AND TITLE OF CERTIFIED	1/2/2	e an	1,0			29c, LIC	CENSE NU		G	N .	11	(Month, Day, Year)
9	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	nian l	vivo			17	V. DO	1090	7		6/	19/80

OF DEATH (ITEM 27) (Type, Print)
M) 3803 ED MONDS ON DUE

Noa

31. DATE FILED (MOTINOS) YOU

BACTO MD

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		this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 wheuld be directed for use as the bunial-transit permit. Pages 1, 2, 3 should
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203-314	attending p	use as the b
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OHE, M	6 may be n	ector, page 5
BALLIMORE, MARTLAND ZIZUS-3140	r death. Page	se funeral dire
	4 hours after	filled in by th
140,	uted within 2	completely
200	cate be exec	physician and
	death certifi	e attending
COHO	uires that the	signed by th
F VIIAL HECORDS, P.O. BOA 13146,	tySiCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate has been
2 2	PHYSICIAN:	r this certific
VISION	R ATTENDING	RECTOR: Afte
5	HOSPITAL OF	FUNERAL DI
	TO THE	TO THE FL

		REGISTRAR		CI	ENTIF	CALE	L DEVIL		REG. NO.			
		1. OECEDENT'S NAME (First, Middle, Le RAGNAR	EUGENE	RC	SQUI	ST		MC	ATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	7 199	EAR	E OF OEATN
		4. SOCIAL SECURITY NUMBER 216-44-4444	5. SEX 6. AC	E (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS			ATE OF BIRTH forth, Day, Year)	7	BIRTHPLACE (Country) NEW Y	(State or Foreign
		9a. FACILITY NAME (If not institution, g.	ive street and number)			9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COUNTY	OF OEATN	
	TO BE COMPLETED BY FUNERAL DIRECTOR	2011 MARYMONT ROAD SILVER SPRING MONTGOMERY RESIDENCE OF DECEMENT										
		10a. STATE 10b. COL	JNTY		10c. CITY	, TOWN OR LO	CATION					ISIDE CITY
			TGOMERY		LAY	HILL	(SILVER	SPR	ING)		1 🗆 Y	MITS? YES 2 XNO
		100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2011 MARYMONT ROAD USA							JUNTRY?			
		11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. AR	MED	13 WAS D	ECENDENT OF NISP	ANIC OR	IGIN? (Specify Yes		RACE - Ame	erican Indian
		1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	YES 2 NO If yes, specify Cuben, Mexican, P			ican, Pue			, atc.		
- 1		15. OECEDENT'S	EDUCATION			USUAL OCCUPA			16b. KIND OF BUS			
ı		(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Ne kind of w Do NOT us	ork done during e retired.)	most of working					
		12		ADI	M. BU	REAU O	F SHIPS		NAVY			
once.		17. FATHER'S NAME (First, Middle, Last)		50	ILLIII O.		NAME /Fi	rst, Middle, Maiden	Sumame)		
100							FANN		SCHOOL SCHOOL	CNOWN		
60		GUSTAVE ROSQ 19a. INFORMANT'S NAME (Type/Print)	0101	Las		ADDDC00 (0)	et and Number or Run			_	-(-)	
be notified at			OTTERM									
9		DAVID E. ROS	QUIST				ollow Rd.					
병		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 I	Ramoval from State	other pl	lace)		cemetery, crematory of			CATION — City	-	to
E	- 1	4 Donation 5 Dother (Specify) METROPOLITAN CREMATORY ALEXANDRIA, VA.										
e e		21. SIGNATURE OF FUNERAL SERVICE LICENIES 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME										
i. examiner must		21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 2088										
or removal		23. PART . Enter the difeeses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate										
or re		shock, or heart fallure. List only one cause on each line.										
		IMMEDIATE CAUSE (Fine) disease or condition										
event, the	ı	resulting in deeth) - a. IV YOU TROUTE OF:										
- D	_	Sequentially list conditions, DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURNCE OF):										
giene prior to bun other traumatic	ERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
prior t	A	if any, leading to immediate cause. Enter UNDERLYING										
Je p	윤	CAUSE (Disease or Injury Due to (OR AS A CONSEQUENCE OF):										
	E	reaulting in deeth) LAST	V									
	핑		d									
th and Menta any injury,		PART II. Other algnificent cond	Itions contributing to deat	h but not	resulting	in the underly	ying cause given	in Part	I. 24a. WAS AN PERFOR			AUTOPSY FINDINGS
th and	EDICAL								1 TYES 2		COMPL OF DEA	LETION OF CAUSE
2 ea	$=$ \cdot											ES 2 NO
5 5	Σ.											
Dept.	AN	25. WAS CASE-REFERRED TO MEDICA	AL			26	PLACE OF DEATH	Check on	nly one)			
State	SICI	EXAMPLER?	HOSPITAL:	Outpatient :	3 DOA	OTHER:	fome 5 ☐ Resident	a 8 🗆	Other (Specify)			
å å	Η	27. MANNED OF DEATH	28s. DATE OF INJU	RY	28b. TIM	E OF 28c.	INJURY AT	_	DESCRIBE NOW I	NJURY OCCUR	₹ED	
r death with	<u>a</u>	1 Natural 5 Pending	(Month, Day, Ye.	mr)	1N.	M 1	WORK7 YES 2 NO		at hatos		- 1 K	-LOOK
death s mai	6	2 Accident investigat 3 Suicide Porte por	28e, PLACE OF INJ	URY At h	ome, farm.			281.	LOCATION (Street and Number or Rural Route Number,			
after 28 is		4 Homicide a Could no	t be building, etc. (Specify)	to m				City or Town, State)	410		
hours		On CONTINUED										
2 =	MP	1 CERTIFFIER (Check only one) 1 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
be filed within	COM											
PORT	38	290. SIGNATURE AND THEE OF CENT	-ollhi	//	11	\supset	29c. LICENSE	NUMBER	26	29d. DATE S	IGNED (Month,	, Day, Year)
Pe F	0	annu	a vy	n	10		1001	67	7	6/	17/	90
		30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITE	EM 27) (Type	(1)/1CC	alored de	1.,	BitI	(As	Mr	2011

•	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Leat) REPTHA RUBERTH	A RUTH		2. DATE OF MONTH	DEATN 06-14-	90 10101 M			
OR	4. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NAME (If not institution, give street and number)	6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATIO	MIN. MAY	13,1912	a. BIRTNPLACE (State or Foreign Country) South Carolina			
	UNION MEMORIAL HOSPITAL		BALTIMORE	NOT DEATH	Jan. 0001	WI OF SEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
P.	Maryland	Ba	ltimore 10f, ZIP CODE		10g, CITIZEN OF WHAT COUNTR				
ERAI	100. STREET AND NUMBER 1711 Cliftview Avenue		2121		U.S.A.				
COMPLETED BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 XNO AR OR DATES	13. WAS DECENDENT OF	, Maxican, Puarto Rica		No- 14. RACE — American Indian, Black, White, atc. Specify: Black			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	(Give kind of			ND OF BUSINESS/IND	JUSTRY			
BE COM	17. FATNER'S NAME (First, Middle, Lest) Sândy Burton 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary White								
2	190. INFORMANT'S NAME (Typo/Print) Sarah Chambers		G ADDRESS (Street and Number Paskin Place			own, MD 21207			
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE OF DISPO	SITION (Name of cemetery, crem		20c. LOCATION —	City or Town, Stata			
	4 Donetion A5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Druid Rid	ge Cemetery 22. NAME AND ADDRES		Reisterstown, MD Jr Funeral Home PA				
	· Sona Cedanis	nue. Balt:	imore, MD 21229						
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cau IMMEDIATE CAUSE (Final disease or condition resulting in death)	se ón each lina.	win Pu			Intarval Between			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
ERTIF	that initiated eventa resulting in death) LAST	(OII AS A GOIISEGULIOE (or j.						
CAL	PART II. Other algnificant conditions contributing to	death but not resulting	In the underlying cause of		48. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
: MEDI	1 NYES								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DTHER:								
PHYSICIAN:	1 Section 1 Impartment 2 ER/Outpattant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY 28s. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED								
D BY	6 Could not be building.	F INJURY — At home, 1erm	INJURY M 1 YES 2 NO 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETE	4 Nomicide detarmined								
OMP	298. CERTIFFIEN (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO POMPLETED CAU	pel C. X	conn	N/A 29c. LICENSE NUMBER N/A 29d. DATE SIGNED					
	201 E UNUSIDE PK								
	31. DATE FILED (Month, Day, Year) 1 32. REGISTRAN'S SIGNATURE Color 4/90 JUN 22 1990 And Manda								

and the

The

4	20		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within kindles after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Recen

296. RIGHATURE AND TITLE OF CERTIFIER

Fral.

30. NAME AND ADDRESS OF PERSON WHO/COMPLETED CALSE OF BEATH (ITEM 27) (Type, Print)

M.D

325

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATE DT 1. DECEDENT'S NAME (First, Middle, Last) RIDEN JUNE 1990 1232 P (NMN) Donald 7. DATE OF BIRTH (Month, Day, Year)
JULY 11, 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1931 WASHINGTON D.C. 1 🔯 M 2 🗌 F 58 YRS. 215-28-5700 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH North Arundel Arundel Glen Burnie Anne Hospita 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 1 YES 2 NO MARYLAND ANNE ARUNDEL ODENTON 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE U.S.A. 968 PATUXENT ROAD 21113 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify, Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 NO 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 X Marrie IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced KOREAN WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) TRUCKING 12 DISPATCHER 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) CLARK RIDEN ETHEL MAFFETT 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DOROTHY A. RIDEN SAME AS # 10 20c. LOCATION -- City or Town, State 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or BOCK CREEK CEMETERY 4 Donation 5 Other (Specify) WASHINGTON D.C 21. SIGNATURE OF FUNDRAL SER 22. NAME AND AODRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE. 23. PART I. Enter the disease s, or complications that caused the death. Do not antar tha moda of dying, auch as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Intarval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) n Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING SEQUENCE OF): CAUSE (Disease or Injury TO (OR AS A COR that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigs 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Tourn, Stefa) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of ex ition and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end menner ee stated

29c. LICENSE NUMBER

Hospital Drive Suite 104 Glen Burnie

29d. DATE SIGNED (Mo

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PHYS	this
DING	After
PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after d	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DR.	DIR
PITAL	ERAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90

REGISTRAR			ENT OF HEALTH AND	MENIAL HYGIEN REG. NO		0 10333
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
Herbe	rt. W	1.	Reall, Sr.	монтн би 6-18-90	AY YEAR	7:25PM M
		· · · · · · · · · · · · · · · · · · ·	UNDER 1 YEAR IF UNDER 24 HRS.	7 OATE OF BURTH	8. Bit	RTNPLACE (State or Foreign
491-42-1567		46 YRS.	ITHS DAYS HOURS MIN.	JUNE 24, 1	1	ARYLAND
	,	96	CITY, TOWN OR LOCATION OF O		9c. COUNTY O	P GEATH
Union Memorial Ho	spital		Baltimore City	У	L	
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
MARYLAND		BA	LTIMORE 101, ZIP CODE		T 100 CITIZEN O	1 VES 2 NO
2916 MARKLEY AV	Ε.		21214	4	7.5	5.A.
	2. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13, WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic		s or No 14. R. B	ACE — American Indian, Nack, Whita, etc.
1 Never Married 2 🕅 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O		1 TES 2 NO Speci		Sį	pecify:
15. OECEDENT'S EDUCA	TION	16a. DECEDENT'S USL	IAL OCCUPATION	16P KIND OF BILL	SINESS/INOUSTR	WHITE
(Specify only highest grade co			done during most of working	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
8		PLUME	BER	PLU	MBING CO	ONTRACTOR
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Surname)	
JOHN REALL				E MARQUESS		
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural			
BONNIE REALL			IARKLEY AVE. BA			
20a. METHOD OF OISPOSITION 1 Burlet 2 Cremation 3 Ramov	al from Stata	other place)	ON (Name of cemetery, crematory or		CATION - City o	
4 Donation 5 Other (Specify)	1055	GREEN MOL			LTIMORE	MARYLAND
21. SIGNALURE OF PUNERAL SERVICE LICES	DENNIS C	CAPITANO	22. NAME AND ACORESS OF F		MORE MD.	. 21214
Llernis a a	withre		LEONARD J. F	RUCK INC. 5	305 HAR	RFORD RD.
23. PART I. Entar the diseases, or co shock, or heart failure. Li			enter the mode of dying, su	ch ee cardiec or resp	eratory screet,	Approximate interval Between
IMMEDIATE CAUSE (Fine)	•	zoori mia.				Onset and Death
disease or condition						Ollege and Dastil
resulting in death) a.	Arterioscl	erotic car	diovascular di	isease		Onset and Dauth
resulting in death) a.		erotic car A CONSEQUENCE OF):	diovascular di	isease		Onest and Death
resulting in death) a. Sequentially list conditions, b. If any, leading to immediate	DUE TO (OR AS		diovascular di	isease		Onest and Dawn
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	diovascular di	isease		Onest and Dawn
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	OUE TO (OR AS	A CONSEQUENCE OF):	diovascular di	isease		Onest and January
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	diovascular di	isease		Onest and January
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		n Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		n Part I. 24a. WAS AF	RMED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		n Part I. 24a. WAS AF	RMED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in t	he underlying ceuse given is 28. PLACE OF OEATH (C	n Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER?** **EXAMINER OF DEATN **Returat** 5 Pending	OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in t	he underlying ceuse given is 28. PLACE OF OEATH (C THER: Nursing Nome 5 Residence	n Part I. 24a. WAS AFPENFO	RMED? 2 □ NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XIXXYES 2 \(\sqrt{N}\) NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER?* **EXAMINER OF DEATN 27. MANNER OF DEATN 28. Naturat 5 Pending investigation	OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS Contributing to death I	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not reculting in t ipetient 3 □ DOA 4 26b. TIME O inJURY Y — At home, farm, streen	26. PLACE OF OEATH (C THER: Nursing Nome 5 Residence WORK? M 1 YES 2 NO	n Part I. 24a. WAS AI PERPO ***DENTO ***S: Check only one) 1 6 Other (Specify) 28d. OE\$CRIBE NOW	RMED? 2 □ NO INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXYES 2 \(\sqrt{1}\) NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN YES 2 NO 27. MANNER OF DEATN YES 1 Pending investigation 3 Suicide 6 Could not be determined	OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death I Inpatiant 2 MXR/Out 26a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Spo	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in t ipetiant 3 □ DOA 4 26b. TIME 0 inJury Y — At home, farm, strescily)	26. PLACE OF OEATH (C THER: Nursing Nome 5 Residence WORK? M 1 YES 2 NO	n Part I. 24a. WAS APPERFO MEMORY one) 6 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Street City or Town, Stete	INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXYES 2 \(\sqrt{1}\) NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER?	OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death I HOSPITAL: 1 □ Inpetiant 2 MXR/Out 28a. DATE OF INJURY (Month, Deay, Year) 28e. PLACE OF INJURY building, atc. (Specially)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not reculting in t appellant 3 DOA 4 28b. TIME O INJURY Y — At home, farm, strescity)	26. PLACE OF OEATH (CT THER: Nuraing Nome 5 Rasidence WORK? M 1 YES 2 NO	24a. WAS AN PERFO Check only one) 1 6 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Street City or Town, State	INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XIXXYES 2 \(\sqrt{N}\) NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER?** **EXAMINER OF DEATN **Neturat 5 Pending investigation 2 Accidant Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) **EXAMINER OF DEATH CERTIFYING PHYSIC (Check only one) **EXAMINER OF DEATH CERTIFYING PHYSIC (Check only one)	OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death I Inpetiant 2 MXR/Out 28a. DATE OF INJURY (Month, Day, Ibar) 28a. PLACE OF INJURY building, atc. (Spo	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in t ipetiant 3 DOA 4 28b. TIME 0 INJURY Y — At home, farm, stresolly) and/or investigation, i	26. PLACE OF OEATH (CT THER: Nursing Nome 5 Residence F 26c. INJURY AT M 1 YES 2 NO et, fectory, office	24a. WAS AN PERFO MIXOFS: Check only one) 6 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Street City or Town, State and the cause(a) and make time, date and place, a	INJURY OCCURE and Number or Ru anner as stated. and due to the cau	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXYES 2 NO D ural Route Number, use(a) and manner as stated.

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	1 - STATE REGISTRAR	OINIE OI III	CERTIF	ICATE		DEATH	WENT	REG. N	IO.		. 0 0 0 7
	1. DECEDENT'S NAME (First, Middle, Last)	Call	4/1/				2. DAT	E OF OEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. last birthday)	IF UNDER 1	WEAR	IF UNDER 24 HRS	7 047	E OF BIRTH	14	40 La DIDT	HPLACE (State or Foreign
	0 0 11 -1101	1 M 2 VF	/ / vm	_		HOURS MIN.		nth, Day, Ybar)	/	Coun	
	7777137	set and number)	GG THS.	9b. CITY, 1	TOWN OR	LOCATION OF	DEATH	-/4-	2 9 9c cou	INTY OF S	DEATH .
5	LIBERTY MEDICAL CENTER BALTIMORE CITY BALTIMORE CITY										
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, Cf	TY, TOWN OR	LOCATIO	DN .		-			10d. INSIDE CITY
	Mil		B	alto							LIMITS?
ا بُ	10e. STREET AND NUMBER	, ,	1	4110	101. 2	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
	4314 ROK	oh, Ro	d		-	212	29		16	1. 1	S.A
	11. MARITAL STATUS		EVER IN U.S. ARMED			NDENT OF HISE			Yea or No-	14. RAC	E — American Indian,
	1 Never Married 2 Married	IF YES, GIVE WAR ON DATES 1 YES 2 NO Specify: Specify:								ck, White, etc.	
0	3 Widowed 4 Divorced									BKULL	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)							
3	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First	, Middle, Maic) . 1 .		
ם מ											
2	Elara Ba	han	L 2	2 14	D	Kek	ai rioute nu	OS Stry or	6	to, 14	121224
	20a METHOD OF DISPOSITION	gracy	20b. PLACE OF DISPO	OSITION (Nom	o of come	thry completory	7	200	LOCATION -		Inum State
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remon 4 Donation 6 Other (Specify)	val from State	other place)	late	× 0	Sta	Can	/ /	2 ton	(,),	lle rd
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22, N	AME AND	ADDRESS OF	FACILITY,	1	1-	301	10,114
	I disting	1)		11	an	ch, t	- H	. Wes	T	1	
	Pulle C	MOIN				40	00	Wa	bas	9	
	23. PART i. Enter the diseases, or co shock, or heart failure. L			not antar t	the mod	a of dying, s	uch as c	ardiac or re	spiratory a	rrest,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition	11-0	10-1-1	0	1-	100		1.00	in id i	, 1	Onset and Death
	resulting in death)	METH	151A71C	- B	C	1)/	4	ARCO	NOM	14	
		DOE TO	OR AS A CONSEQUENCE	OF):							
ALION	Sequentially list conditions, b.	DUE TO	OR AS A CONSEQUENCE	OF):							
<u> </u>	If any, leading to immediata cause. Enter UNDERLYING										
Ĺ	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUENCE	OF):							
2	resulting in death) LAST										
3	PART II. Other significant conditions	contributing to	death but not regulting	In the und	lertylna	cause given	In Part I	74- WEG	AN AUTOPSY	/ 24	Ib. WERE AUTOPSY FINDINGS
K	TANT II. Other argument constitution	contributing to	death but not resulting	a in the disc	an iyiniy	cause given	m rait i.	PER	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
5								1 TYES	2 NO		OF DEATH?
Σ								1			1 NES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL				24 01 4	CE OF DEATH	(Charle and		-		
3	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER	:						
PHISICIAN: MEL	1 YES 2 NO 27. MANNER OF OEATH	28a. DATE OF		-	ing Home 28c. INJU	5 Residen	-	DESCRIBE HO	W INJURY O	CCURED	
	1 Netural 5 Pending	(Month, De		NJURY M	WOR	IK? ES 2 NO					
2	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At home, farm	, street, facto						er or Rura	l Route Number,
1	4 Homicide determined	building,	etc. (Specify)				- 0	ity or Town, St	'ete)		
COMPLEIED	29a, CERTIFIER 1 TO CERTIFYING PHYSIC	JAN: To the best of	my knowledge, death occu	errad at the tie	me data i	and place, and	tue to the	cause(s) and	menner es si	ated.	
Ē	(Check only one) 2 MEDICAL EXAMINER										(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE		-			ED (Month, Day, Year)
u D	Shen A A	tastru.	i MD			12 U	66	10	≥ /s	-/	9-1990
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS		pe, Print)		1	, 1	0	- 1	,	21015
	C11-00 1 1/1	PINI	2600	1100	-07	4 1	TE/1	SHIT	A	be	211-15

Davidson Bandelle

OHMH-16 Rev 1/89

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r. p		15
0 THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh		MPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify
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D THE FUNERAL DIRECTOR; After this certificate has been	State	ten
ertifi	the	0
his c	with	ced.
ter th	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mark
4: A	er de	69
6	afte	28
DIRE	OULS	tem
AL	72 4	=
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		FOR								90	16935
		1 - STATE REGISTRAR	STATE OF MARYI				F HEALIH AND OF DEATH	MENIAL HYGIEN REG. NO			
	į	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF DEATH	AY	YEAR 3. T	IME OF DEATH
		MARION LUCILLE SHOULARS JU							1990	9	:00P M
		4. SOCIAL SECURITY NUMBER 219-16-4429		// (Mo						Country)	N . C .
	_	9e. FACILITY NAME (If not institution, give str	set end number)			9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH	
	0	THE JOHNS HOPKINS HOSPITAL BALTIMORE							BALT	IMORE	CITY
	DIRECTOR	10e. STATE 10b. COUNTY		-		Y, TOWN OR L		Т		10d.	INSIDE CITY LIMITS? YES 2 NO
	. 1	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZE	EN OF WHAT	
	ER/	201 N. WASHING	TON ST. A	PT81	3		21231			USA	
	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 YES	IN U.S. ARI	MED	If yo	s, specify Cuben, Max	ANIC ORIGIN? (Specify Yelcen, Puerto Rican, etc.)	a or No- 1	Black, Wh	
	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES '		1 -	YES 2 1 NO Spe	cify:		Specify B L	_ACK
	圓	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DE(CEDENT'S	USUAL OCCU	PATION og most of working	16b. KIND OF BU	SINESS/INDU	STRY	
	COMPLETED	Elementary/Secondary (0-12) 8 t h	College (1-4 or 5+)			STIC					
90	OMF	17. FATHER'S NAME (First, Middle, Last)		l D	UME.	3116	1e. MOTHER'S	NAME (First, Middle, Maide	n Sumame)		
, o	ш	BRAXTON LATHA	M				A D A		,		
or other traumatic event, the medical examiner must be notified at once.	TO B	190. INFORMANT'S NAME (Type/Print) BENJAMIN F. SH	OULERS					al Route Number, City or To			MD.2123
net pe	BENJAMIN F. SHOULERS 201 N. WASHINGTON ST BALTIMORE, MD. 202. METHOD OF DISPOSITION 1 & Burlal 2 Cremetton 3 Removal from State 4 Doneston 5 Other (Specify) ARBUTUS, MD.							State			
er m		4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICI					ME AND ADDRESS OF		30103	, 110	
E E		D 0 0				LIM	C MADO		101 5	NOI	T
cale	\dashv	23. PART I. Enter the diseees, Dr Ci	omplications that cause	ed the de	eth. Do			H F.H. 1			Approximate
med		ahock, or heert fellure. L					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		Interval Between Onset and Death
the state of		disease or condition	Preum	imis						į	12 hors
event		resulting in death)	DUE TO (OR AS	A CONSEC	DUENCE C	DF):					7 /4
atic	8	Sequentially liet conditions,	LUNG DUE TO (OR AS			NEO.					8 months
marı	ERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	DOE TO (OR-AS	A CONSEC	JUENCE C	r):					
ther	띮	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEC	DUENCE C	PF):					
0	ᇤ	resulting in death) LAST	l								
njury,	10	PART II. Other algnificent conditions	contributing to death	but not r	eaulting	in the unde	riying ceuse given			24b. WEI	RE AUTOPSY FINDINGS
amy	EDICAL							1 _ YES	PRMED?	CON	ILABLE PRIOR TO MPLETION DF CAUSE DEATH?
shows any in	ME										YES 2 NO
23 84						_					
item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Library Inc.		OTHER:	26. PLACE OF DEATH				
6	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou	<u> </u>	28b. TII		Home 5 Residen	28d, DESCRIBE HOW	INJURY OCC	URED	
marked,		1 Netural 8 Pending	(Month, Day, Year))	IN	JURY	WORK?				
28 ls m	red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	RY — At ho	ome, farm,	atreet, factory	, office	281. LOCATION (Stree City or Town, Stat		or Rural Route	Number,
If item	PLET	296. CERTIFIER (Check only	CIAN: To the best of my kno	owledge, de	eth occur	red at the time	, date end place, end	due to the cause(e) end m	anner as state	d.	
H. H	COMPL	cont only	R: On the basie of examinat								d manner ee stated.
PORTANT:	BE C	296. SIGNATURE AND TITLE OF CERTIFIER					AA 28			SIGNED (Mod	nth, Day, Year)

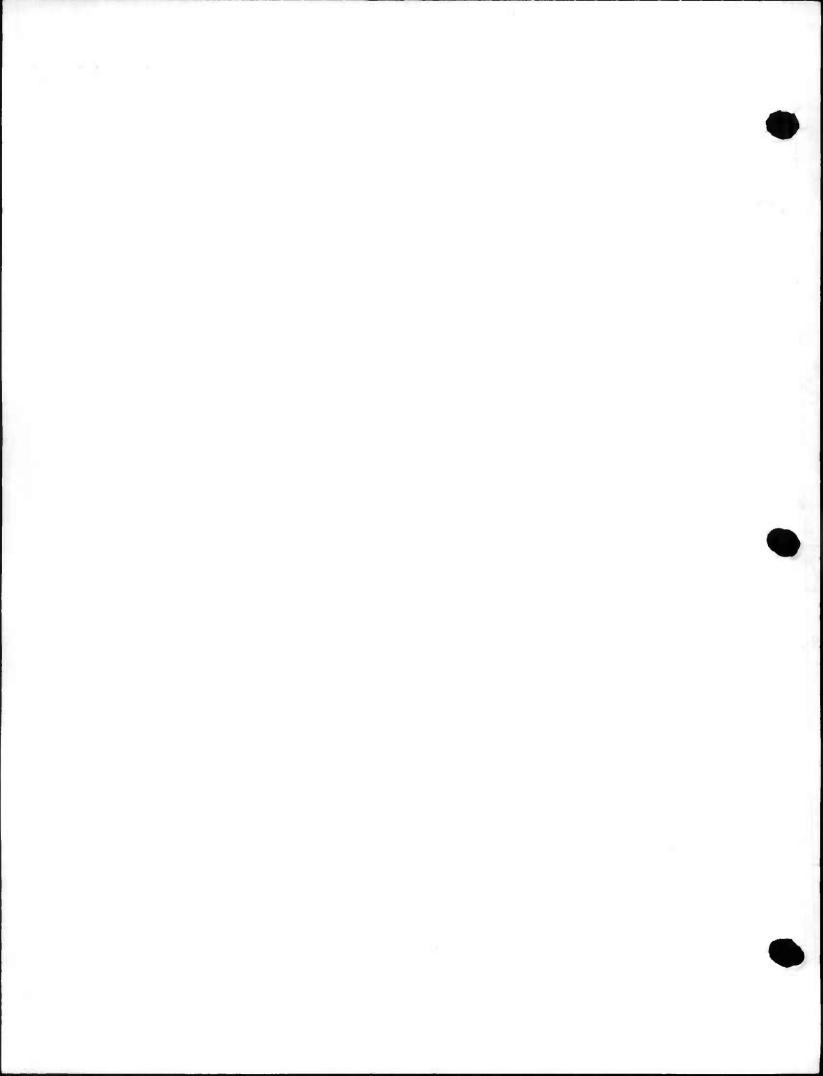
SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A C. CI (SO N JOHNS HOPKINS HOSPITAC

Day, (Vear)

32. REGISTRAR'S SIGNATURE

BACTIMORE, MD



BE COMPLETED

2

29e, CERTIFIER (Check only

	permit. Page		
physician.	burial-transi		
al or attending	for use as the		
by the hospit	be detached		at once.
/ be retained	age 5 should		be notified
n. Page 6 may	iral director, p		ical examiner must be noti
ours after death	in by the fund	or removal.	nedical exan
d within	ompletely filled	i, cremation, o	event, the r
ate be execute	ysician and co	prior to buria	r traumatic
death certific	e attending pl	lental Hygiene	ury, or othe
quires that the	n signed by th	Health and N	ows any inj
N: The law re-	ficate has been	State Dept. of	item 23 sh
ING PHYSICIA	After this certi	leath with the	marked, or
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITA	THE FUNERAL	filed within 72	PORTANT: II
TO THE	TO THE	be filed	IMPOR

4. SOCIAL SECURITY NUMBER	HAEFER 5. SEX 6.							2. DATE OF DEA	ATH			3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 329-01-9099								MONTH	DAY		YEAR	A	2
329-01-9099	5. SEX 6.								06	19	90	11:30 1	N
327 01 7077	4 C H 4 C F	AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR	HOURS	R 24 HRS. MIN.	7. DATE OF BIR' (Month, Day,)	rbar)		6. BIRTH	HPLACE (State or Ford	ign
Va. PACILITY NAME (IT not institution, give 2178.	1 🗆 M 2 🗆 F	73	Tho.	01 01771		- 1 - 2 - 2 - 2			-	191	7	TCC.	
							ION OF DE				INTY OF D		
HARFORD GARDEN	NURSING	CENT	ER	BAL	TIM	DRE	CIT	Y		BAI	TIM	ORE CIT	Y_
10e. STATE 10b. COUNTY			10c. CI	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
	'IMORE C	ITY	B A	LTI	MOR							1 _ YES 2 _ N	10
10e. STREET AND NUMBER					101	. ZIP COO	E		1	10g. CIT	IZEN OF V	WHAT COUNTRY?	
2515 ARBUTON AV							230			US			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2			If yes, sp	ecify Cubi		NIC ORIGIN? (Spec en, Puerto Rican, e y:		r No	Spec	E — American Indies ck, White, etc. city: CASIAN	l _a
15. OECEDENT'S EDUCA	ATION			USUAL O				16b. KIND	OF BUSIN	IESS/IN		ONDIAN	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) POLICEMAN 16. MOTHER'S NAME (First, Middle, Maidle, M													
		PO	LICE	MAN									
20e. METHOD OF DISPOSITION 1 Surfel 2 Cremetton 3 Remov 4 Donetton 5 Other (Specify)		20b. PLACE other p.	OF DISPO				metory or		20c. LOCA	ITION —	- City or To	own, State	
Sunday Mi	lance 6		7	5	tale	a	mi	my 6	aria	1 pl	30	to pro.	
23. PART I. Enter the diseases, or co shock, or haert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	METASTA	on each itn	ung	CAN		ode of dy	ying, suc	th as čárdlec or	r respira	itory s	rrest,	Approxima interval Be Onset and	tweer
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (O	R AS A CONSE	OUENCE (OF):				-					
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (O	R AS A CONSE	QUENCE (OF):									
PART II. Other significant conditions	contributing to de	eath but not	resulting	In the u	ndarlyin	g cause	given in		WAS AN AI		24	b. WERE AUTOPSY FIR	
COPD									PERFORM YES 2			COMPLETION OF CO	
DM												1 TYES 2 N	0
					00.5								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					20. P	LACE OF	DEATH (C/	heck only one)					

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☑ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide 6 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

D17042

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

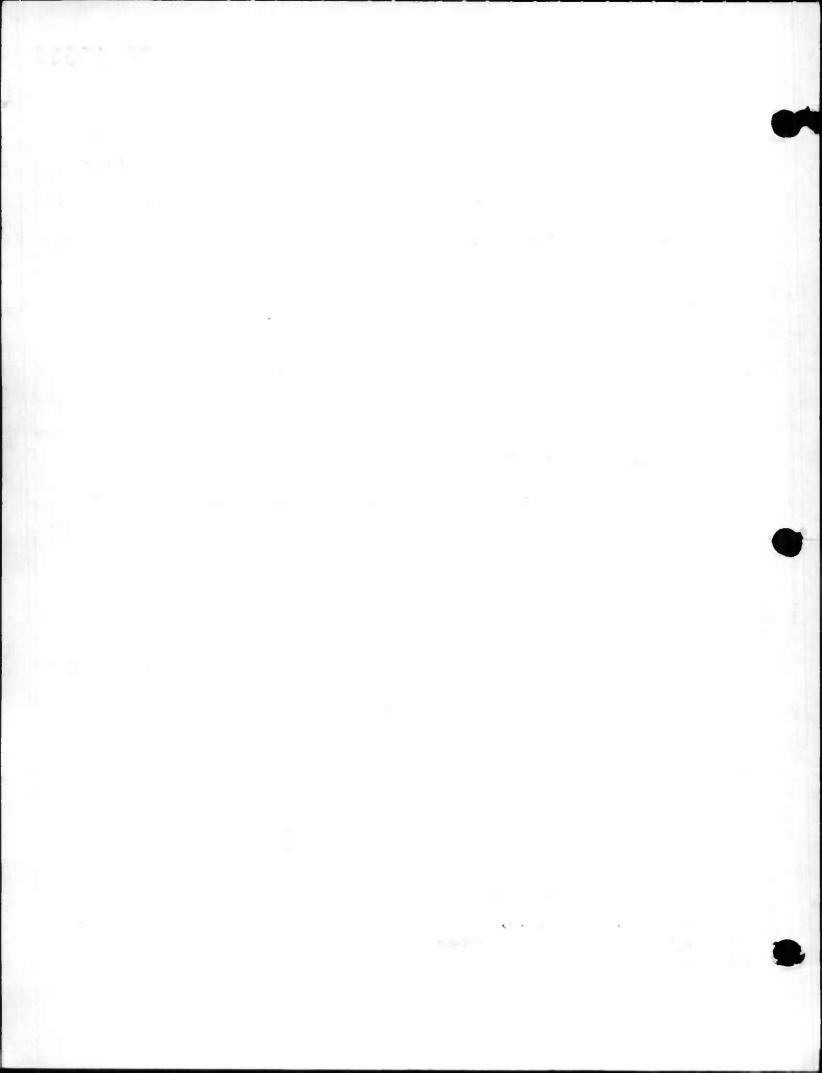
no 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ARTHUR LEBSON 3640 fords lane BALTIMORE MARYLAND 21215 M. M.D

Pales Devidoor Agendance

1990

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ars after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

mes should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

Med at once,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ed in by the function TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely misd in by the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remove important: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical arms.

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGI		30 1030		
	1. DECEDENT'S NAME (First, Missin, Last)		S. Stem		2. DATE OF DEATH	0 90	S. TIME OF DEATH		
	214-03-3273	□ m 2X = 91	YRS. MONTH		(Month, Dey, Year 05 23	98	BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give etree Mason Fa Lond Nurs. RESIDENCE OF DECEDENT			ity, town or location of Baltimore (i		9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY			n or Location Baltimore			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	331 S. Drew Street	et		10f. ZIP CODE 2/22	4		S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2) NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 X, NO Spe	ican, Puerto Rican, etc.		RACE — American Indien, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	FION 16 mpleted) College (1-4 or 5+)	sa. DECEDENT'S USUAL (Give kind of work de ille. Do NOT use retire Seamstres	one during most of working ed.)		BUSINESS/INDUS	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Wisnieux	ski		18. MOTHER'S Kaz	hame (First, Middle, Mel herine Bal	den Surname) ucwalek			
10 B	190. INFORMANT'S NAME (Type/Print) Milton L. Stemmer			Drew St. Bal			de)		
	20e. METHOD OF DISPOSITION 1 A Buriel 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)		LACE OF DISPOSITION	(Name of cometery, crematory own (emetery	or 20c	LOCATION - CH			
O CO	21. SIGNATURE OF FUNERAL SERVICE LICEN	Zula Zula		22. NAME AND ADDRESS OF Charles S.	FACILITY		6224 Esstern Ave.		
	23. PART i. Enter the diseases, or corshock, or heert fellure. List immediate CAUSE (Final disease or condition resulting in death)		Leme						
CERTIFICATION	Sequentially list conditions, if sny, leeding to Immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions Amel Filmilet Non insulue		not resulting in the	underlying ceuse given	PEF	S AN AUTOPSY IFORMED? S 2 (7) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN		HOSPITAL:	_ ОТІ	26. PLACE OF DEATH	(Check only one)				
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HO	OW INJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	200. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office	26f. LOCATION (St. City or Town, S	reet end Number or Itale)	Rural Route Number,		
COMPLETED	one)	AN: To the best of my knowled On the beele of examination a					euse(e) and manner ee stated.		
BE	200 GIGNATURE AND TITLE OF CERTIFIER	tem do	Wel	29c. LICENSE	NUMBER 1047Z	28d. DATE 5	20 90		
5	30. NAME AND ADDRESS OF PERSON WHO	Loote	1 M	Ball	KP	10			
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATI	UDE			74.75.			

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death. Page 6 may be retained by the hosp	tuneral director, page 5 should be detache .	examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fine within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Richard Schmidt 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) FUNCE I YEAR 48 YRS. 6. AGE (in yrs. last birthday) FUNCE I YEAR FUN	Schmidt S. SEX S. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HIS. T. DATE OF BIRTH 2 (Mogal) - Day, 1962 MARRY LAND MONTHS DAYB HOURS MH. 2 (Mogal) - Day, 1962 MARRY LAND
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UNMEDIATE CAUSE /Finel	ses, or complications that caused the death. Dp not enter the mode of dying, such as cerdiac or respiratory errest, Approximate Internal Retinance Internal Retinance
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PART II. Other significant conditions contributing to death but not resulting in the underlying ceuee given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO PEATH? 1 YES 2 NO YES 3 NO YES	Interval Between Oneet and Death a. CANDLO VASCULAN. ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NORTH North, Day, Hear) 28b. TIME OF INJURY WORK? 1 YES 2 NO 26c. PLACE OF INJURY AT WORK? 1 YES 2 NO NORTH YES 2 NO NORTH North, Day, Hear) 26c. PLACE OF INJURY AT WORK? 1 YES 2 NO NORTH YES 2 NO NORTH North, Day, Hear North	Interval Between Oneet and Death a. CANDIO VASCULAN ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. ALRHY THILL ACCIDENT ACCIDEN

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	COSTAN OD ATTENDIAG BUYCKINA. The law remires that the death certificate he evented within 28
5	90
	CDITA

2:33 24 PAUL SROICA Co 20 0 6. BIRTHPLACE (State or Foreign Country) MARYLAND 7. DATE OF BIRTH (Month, Day, Year) 4 - 10 - 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 215-18-5162 1 X XM 2 | F 7 () YRS. permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott HOSP DIRECTOR ker BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 526 S. STREEPER STREET USA bunial-transit 21224 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 N YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried WHITE BY 3 Widowed 4 Divorced as the WWII 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade compi COMPLET for Elementary/Secondary (0-12) College (1-4 or 5+) RETIRED BALTO. FIRE DEPT detached 1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname. GEORGE SROKA CECELIA ROSINSKA ě Ħ 8 notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 526 S. STREEPER ST. BALTO. MD. 21224 MRS. ANNA SROKA funeral director, page 5 s pe 20a. METHOD OF DISPOSITION
1 ☒ Burlet 2 ☐ Cremetton 3 ☐ Removat from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State must "STANISLAUS CEMETERY BALTO. MD. 4 Donation 5 Other (Specify) MATURE OF FUNERAL SERVICE LICENSEE examiner KACZOROWSKI FUNERAL HOME Kaimond 2525 FLEET ST. BALTO. MD. 21224 2525 FLEET ST. BALTO. MD.

3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, completely filled in by the ial, cremation, or removal. the medical Approximate shock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO JOR AS A CONSEQUENCE OF: WR orcenoma event, prior to burial. traumatic and CERTIFICATION Sequentielly list conditione, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL been signed by the pt. of Health and N AMILABLE PRIOR TO MNGINA COMPLETION OF CAUSE shows any 1 - YES 2 NO 1 TYES AT NO certificate has been the State Dept. o PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem EXAMINER? HOSPITAL:
1 Vinpatient 2 ER/Outpetient 3 DOA OTHER: 1 - YES 2 500 ng Home 5 - Residence 6 - Other (Specify) 4 - Nursi ō 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, DIRECTOR: After this c hours after death with 1 Natural 5 Pending Investigation M 1 YES 2 NO A 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 64 6 Could not be COMPLETED 500 4 Homicide Hem 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Willian Greenough HO 6 12 90 20 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type D1-1800 D. Coop 31. DATE FILED (MYTUN) 22 22 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

PAUL A. SROKA

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e law requires that the	has been signed by th	Dept. of Health and	23 shows any inj
i: The law requires that the	cate has been signed by th	State Dept. of Health and	Item 23 shows any Inj
ICIAN: The law requires that the	ertificate has been signed by th	the State Dept. of Health and	or Item 23 shows any inj
PHYSICIAN: The law requires that the	this certificate has been signed by th	with the State Dept. of Health and	ked, or Item 23 shows any inj
ING PHYSICIAN: The law requires that the	ifter this certificate has been signed by th	eath with the State Dept. of Health and	marked, or Item 23 shows any inj
ENDING PHYSICIAN: The law requires that the	OR: After this certificate has been signed by th	ter death with the State Dept. of Health and	8 is marked, or Item 23 shows any Inj
ATTENDING PHYSICIAN: The law requires that the	RECTOR: After this certificate has been signed by th	irs after death with the State Dept. of Health and	m 28 is marked, or Item 23 shows any Inj
L DR ATTENDING PHYSICIAN: The law requires that the	L DIRECTOR: After this certificate has been signed by th	? hours after death with the State Dept. of Health and	i item 28 is marked, or item 23 shows any inj
SPITAL DR ATTENDING PHYSICIAN: The law requires that the	JERAL DIRECTOR: After this certificate has been signed by the	nin 72 hours after death with the State Dept. of Health and	(T. If item 28 is marked, or Item 23 shows any Inj
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	FUNERAL DIRECTOR: After this certificate has been signed by the	1 within 72 hours after death with the State Dept. of Health and	RTANT: If Item 28 is marked, or Item 23 shows any inj
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR FATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.
EDENT'S NAME (First Middle Last)	2.0	ATE OF DEATH

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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO		70 1034	
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV V	3. TIME OF DEATH	
	Horace		Shel	ton		6-17-90°	-	9:58AM w	
1				IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	410 09 3341	M 2 □ F 75	YRS.			Feb. 17,	1915	Virginia	
	Se. FACILITY NAME (If not institution, give street		1		OR LOCATION OF DE		9c. COUNTY	OF DEATH	
<u>ě</u>	Union Memorial H	Union Memorial Hospital Baltimore City							
EG	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
E	Maryland		Ba1	timore				1 X YES 2 NO	
₽ I	10e. STREET AND NUMBER				f. ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL DIRECTOR	1226 Bonaparte Av	enue			21218		U.S	.A.	
5	11. MARITAL STATUS 1 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No 14	. RACE — American Indian, Black, White, etc.	
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA			2 NO Specify			Specify: Black	
	15. DECEDENT'S EDUCAT		16a, DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS		
	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of wo	ork done during m retired.)	ost of working	200			
길			Steelwor	ker -	Retired	Bethleh	em Ste	el Corp.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
BE (Horace Shelton Sr	•			Hattie	Mosely			
TO E	19e. INFORMANT'S NAME (Type/Print)		1 0-1-1			Route Number, City or Tox			
-	Hyler E. Shelton					Baltimor			
	20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremetion 3 □ Remove	al from State	PLACE OF DISPOSI other place)		_			y or Town, State	
	1 Donatton 5 Other (Specify)		rbutus Me		Park ND ADDRESS OF FA		utus, l	MD	
	Dunialle	1 \ b	N40	Marsh	all W. Jo	nes, Jr.			
_	reconst traction	amo ja	100					ore, MD 21229	
	23. PART I. Enter the diseeses, Dr CDI shock, or heart feliure. List			ot enter tha m	ode of dying, suc	h ee cerdiec or reep	oiratory arres	Interval Between	
	IMMEDIATE CAUSE (Finsi diseese or condition							Onset and Death	
	resulting in death) e.	Arterioscl	erotic ca		scular di	sease			
_		DOE TO (ON AS A	CONSCOUNCE OF	•				į	
ō	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	:					
SAT	ceuee. Enter UNDERLYING CAUSE (Disease or Injury								
Ē	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:					
CERTIFICATION	resulting in death) LAST								
	PART II. Other significent conditions	contributing to death b	ut not resulting in	the underlyk	ng ceuse given in	Part I. 24e. WAS A		24b. WERE AUTOPSY FINDINGS	
2	Diabetes Mell	itus				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
E I							^_	1 TYES SATSONO	
PHYSICIAN: MEDICAL						INOU	IRY		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
YSI	XXXES 2 NO	1 ☐ Inpatient 2XXER/Outp	atient 3 DOA	OTHER: 4 — Nursing Ho	ma 5 🗆 Residence	6 Other (Specify)			
PH	27. MANNER OF DEATH 10 X Metural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY W	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCU	RED	
B	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		treet, fectory, off	Ce .	261. LOCATION (Stree City or Town, Stat		r Rural Route Number,	
COMPLETED	DAY CERTIFIED								
MP		AN: To the beat of my know							
8		On the besie of examination	n end/or investigation	, in my opinion,				cause(s) end manner as stated.	
BE	29b. MONATURE AND TITLE OF CERTIFIER	11. 11			OCME	MBER	29d. DATE 1	6-18-90	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CE	ATH (ITEM 27) (Time	Print)	OCT-III.	· · · · · · · · · · · · · · · · · · ·		0 10 70	
	MARCARITA A KOE		trem ar j (1950).	,	nn Street	t,Baltimor	e,MD 2	21201	
	31. DATE FILED (Morth, JUN 22 1	PON PEGISTRAP'S SIGN	ATURE	A82.		:			
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SARCHER ST.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a years after death. Page 6 may be retained by the hospital or attending physician and completely fliked in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR
-	STATE
	HEGIS I HAH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest,		Cl	ERTIFIC	CATE OF	DEATH	REG. NO			3. TIME OF DEATH
HOWARD H		SHA	LLWOOT	Ð		06 - 20	-90	YEAR	5:50 P.N
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	70		PLACE (State or Foreign
577-05-1355	1X M 2 ☐ F	83	YRS.	ONTHS DAYS	HOURA MIN.	10 19	06	WES	T VIRGINIA
Belair Convales		16 Belai			OR LOCATION OF DI	EATH	9c. COU	NTY OF D	EATH
RESIDENCE OF DECEDENT 100. STATE 100. COUN	TY		10c CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
MARYLAND			10.5 0111,	BALTIM					1 YES 2 NO
00. STREET AND NUMBER 6116 BELAIR	ROAD			10	21206		10g. CITI	US US	CA
H. MARITAL STATUS Mever Married 2 Married Wildowed 4 Divorced	. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES					NIC ORIGIN? (Specify Ye in, Puerlo Rican, atc.) y:	e or No—	14. RACE Black Specif	— American Indian, i, White, etc. ly: WHITE
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION de completed) College (1-4 or 5	(G	CEDENT'S USA		ON ost of working	16b. KIND OF BU	JSINESS/IND	USTRY	
7. FATHER'S NAME (First, Middle, Last)			KEILI	KED	40 1407145010 141	ME (First, Middle, Malder			
HOWARD GARLA	ND SMALT.	MOOD				ELIZABETE		ζ	
9a. INFORMANT'S NAME (Type/Print)			b. MAILING A	DDRESS (Street	and Number or Rural	Floute Number, City or To	vn, State, Zio	Code)	
JOS	EPH CLIF					D, EDGEWOO			L040
0a. METHOD OF DISPOSITION © Burlal 2 □ Cremation 3 □ Re	moval from State	other n	lace)		metery, crematory or		DCATION —		
Donation 5 D Other (Specify)		DUL	ANEY V	VALLEY	MEMORIAL	GARDENS	TIMON	MUIN	, MD.
1. SIGNATURE OF FUNERAL SERVICE L		+1		22. NAME A	ND ADDRESS OF FA	TZ, JR. FU	INFRAT	HON	/E
· M. Kla	n See	k h.				AVENUE, I			
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	b	Card O (OR AS DOWNE Pul	OWENCE OF):	spiral	Tail	rusis			Onset and Dea
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	O (OR AS A CONSE		0		· · · · · · · · · · · · · · · · · · ·			
PART II Other eignificent condition from the from the first and the firs	home D	death but not	tesulting in	unsna	g cause given in	PERFO	RMED?	246	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	HOSPITAL:	☐ ER/Outpetient :		OTHER:	ne 5 🗌 Residença	6 Other (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 6 Could not b. 4 Homicide detarmined	28s. PLACE	OF INJURY — At he i, etc. (Specify)	ome, farm, str	reet, factory, offi	CO .	281. LOCATION (Street City or Town, State	and Number	or Rural f	Route Number,
000)						to the cause(a) and mo) and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON W	madley	mo			29c. LICENSE NU DO04				(Month) Day, Year)
Albert B. Bra	dley. M.D.				ltimore,	Manyland 2	1206		
1. DATE FILED (Month, Day, Year)	1990 4	The Marie and							

56 U

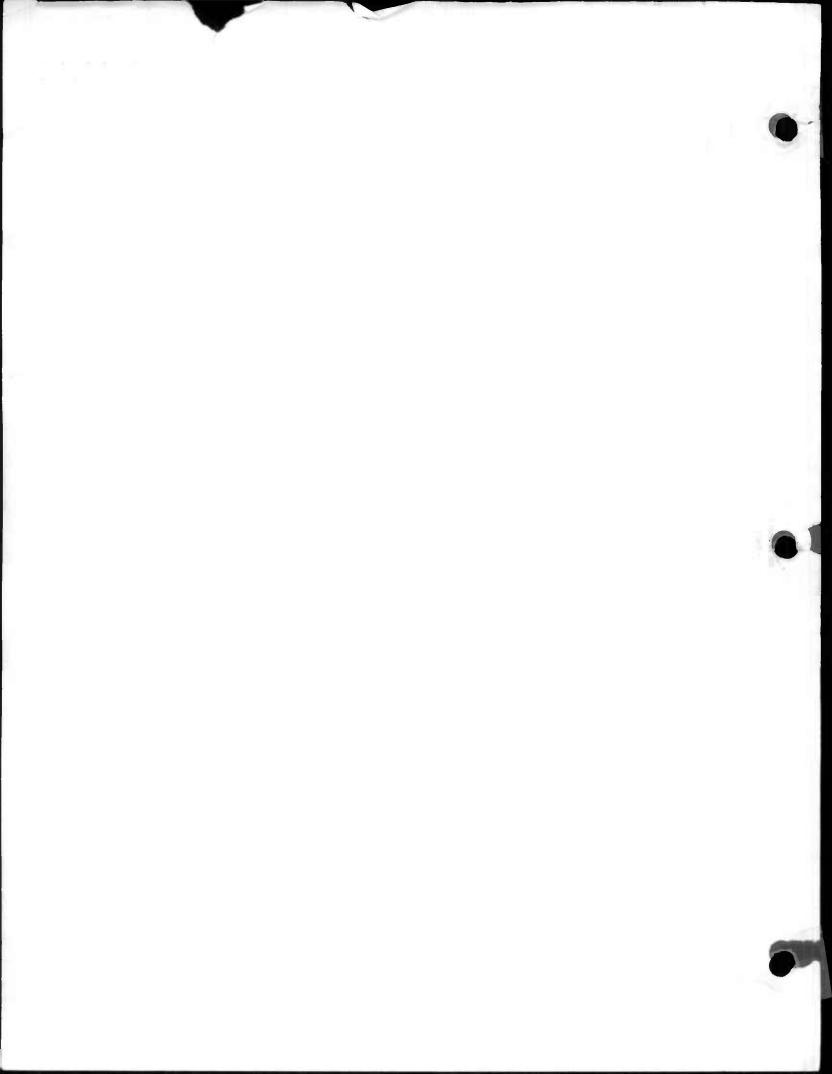
6 9

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and complete, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	. 112	201010
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
i	LAUren BABY GIR	t THOR	CNBUKG	ì			7 19	
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	A AGE /In urs	. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		
	1 M 2			THS DAYS	HOURS MIN.	(Month, Day, Year) 06-07-	19 on	BIRTHPLACE (State or Foreign Country)
					10hu			
	9a. FACILITY NAME (If not institution, give street end nur	nber)	96		R LOCATION OF DEA	тн	9c. COUNTY	
8	umms			BALTI	MORE		BAI	LTIMORE
Ĕ I	RESIDENCE OF DECEDENT							
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
吉	MD. HOWARD		JE	SSUP				1 YES 2 NO
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2	0465 - 6000 1137						11	.S.A.
焸	8 1 6 5 ASPEN WAY	ECEDENT EVER IN U.S	10000	I to was nec	ENDENT OF HISBANIA	C ORIGIN? (Specify Ya		
FUNERAL	1 Name Married 2 Married FORC	ES? 1 YES 2	NO	If yes, spe	cify Cuban, Maxican,		14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	, GIVE WAR OR DATES	•	1 TYES	2 NO Specify:			Specify:
		100		I				WHITE
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	Give kind of work	done during mo	n st of working	16b, KIND OF BU	SINESS/INDUS	INT
iu	Elementary/Secondary (0-12) College	(1-4 or 5 +)	life. Do NOT use re	area.)		1		
<u>a</u>								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAM	E (First, Middle, Maider	Surnama)	
	BRIAN THORNBURG				DANA '	THORNBUR	RG.	
#	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street a	nd Number or Rural Ro	oute Number, City or Tox	vn, State, Zip Co	de)
유	ACTORISAN CONTRACTOR OF THE CO		0165	Acnon	May J	essup, M	id.	
	DANA THORNBURG	Lost et						or Town, State
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from	State oth	ACE OF DISPOSITE	UN (Name or cer	netery, crematory or		1 0	1
	4 □ Donatton 5 🖔 Other (Specify) 1 n - S t	ate remo	oval				d. 181	900.
	21. SIGNAPORE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FAC			
	X market All loss	671-90	7	STAT	E ANATO	MY BOARI	, BAL	TO., MD.
	de la Constitución de la Constit							1 Alexandra Alexandra
	23 PART I. Enter the diseases, or complicet shock, or heart fellure. List only			enter the mo	ae or aying, such	ss cerdiec or rea	oratory srres	t, Approximate interval Between
	IMMEDIATE CAUSE (Final			~	.05			Onset and Death
	disease or condition resulting in deeth)	RESPIRA	TUKY	FAIL	JKE			!
	resulting in death)	DUE TO (OR AS A CO	NSEQUENCE AF):					
	_	HYDROPS		PULM	ONARY	HYPOP	LASIA	
ō l	Sequentially liet conditions,	OHE TO JOB AR A CO	MEEGHENCE OF					
CERTIFICATION	if sny, leading to immediate ceuse. Enter UNDERLYING	DICEMIN	INATE	D IN	TRAVASC	CULAR CO	DAGUL	ATION.
2	CAUSE (Diseese or injury 6.	OUE TO (OR AS A CO		J 1.				
Ē	that initiated events resulting in deeth) LAST	,						
EB	d	 						
	PART II. Other significent conditions contrib	uting to death but	not resulting in	the underlyin	g ceuse given in i	Part i. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
X						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ĕ						1-50 YES	2 NO	DF DEATH?
ME						_ '		1 TYES 2 NO
3						ł		′
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		-	26. P	LACE OF DEATH (Che	ick only one)		
S	EXAMINER? 1 YES 2 NO 1 No Input	TAL: itlant 2 - ER/Outpetie		THER:	na 5 🗆 Raaldenca	8 Other (Specify)		
ž	T	DATE OF INJURY	28b. TIME		JURY AT	28d, DESCRIBE HOW	INJURY OCCU	RED
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y W	YES 2 NO			== 1
BY	2 Accident Investigation							0.10.41.4
	S Could not be	PLACE OF INJURY — building, etc. (Specify)		et, factory, offic	:0	28f. LOCATION (Street City or Town, State		Hurai Houte Number,
H	4 Homicide detarmined							
Ž	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To t	he best of my knowled	ge, death occurred	at the time, date	and place, and dva	to the cause(a) end m	anner aa stated	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the	beels of examination as	nd/or investigation,	in my opinion,	death occured at the	time, date end place,	and due to the	ceuse(e) end manner as stated.
S	Par provident	1 .	-				Last name	SIGNED (Month, Day, Year)
		1			29c. LICENSE NUM		296. DATE :	1 / 10 -
38	29b. SIGNATURE AND TITLE OF CENTURER	W SAT	1					
O BE	alsage	MI			D 395	100	0	17 190
TO BE	30, NAME AND ADDRESS OF PERSON-WHO COMPLI	ETED CAUSE OF DEATH	1 (ITEM 27) (Type, P		MS		0	1110
	30. NAME AND ADDRESS OF PERSON-WHO COMPLIED A LAKER AND A BYCA C	ETED CAUSE OF DEATH	1 (ITEM 27) (Type, P		MS	37H2111121	RE, M	11190

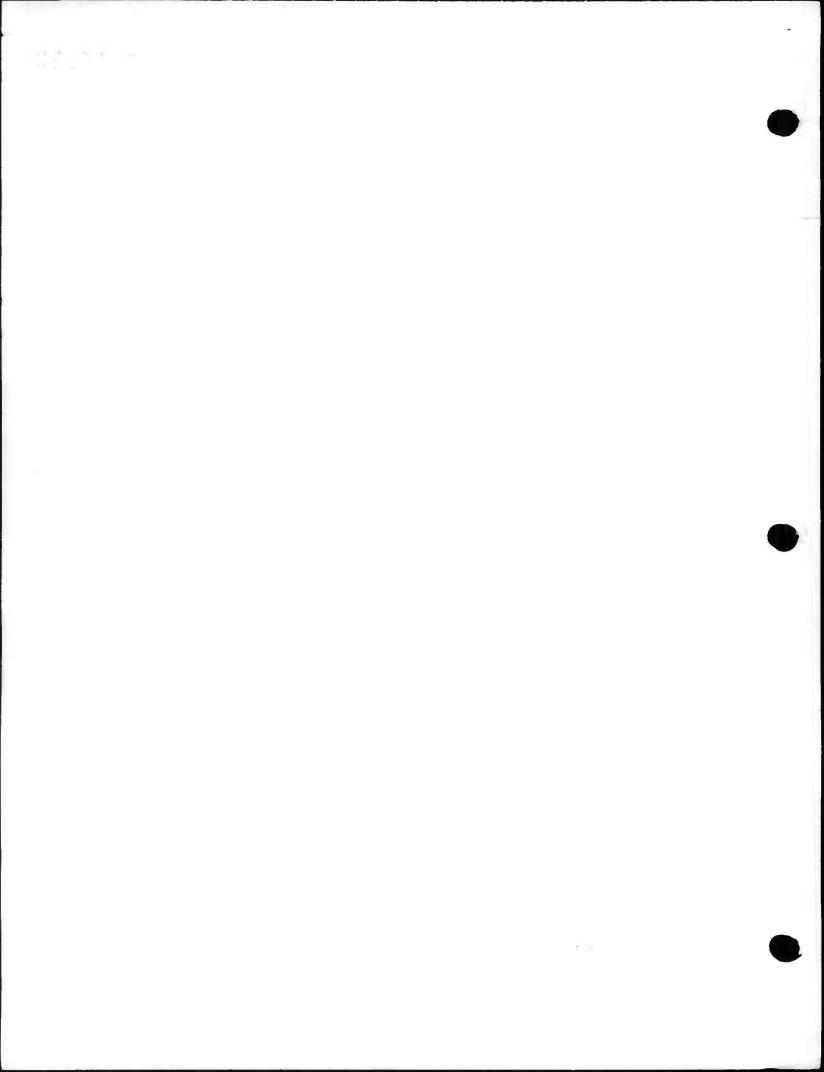


ding physician.	is the burial-transit permit. Pages 1, 2, 3 shou	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the executed within 2 mounts after death. Page 6 may be retained by the executed within 2 mounts after death.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be used to the burial-transit permit. Pages 1, 2, 3 should be used to the burial-transit permit. Pages 1, 2, 3 should be used to the burial-transit permit. Pages 1, 2, 3 should be used to the burial-transit permit.	be filed within 12 hours after dean with the State begul of health and wested regions to borist, destration, or services. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND

P

	FOR STATE REGISTRAR	STATE OF MA					EALTH AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		· ·					2. DATE OF DEATH		VEAT	3. TIME OF DEATH
	FLORENCE		TIBBS					June 6	1990	YEAR	7:45 P M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	213-14-2211	1 □ M 2 XXF	83	YRS.	MONTHS	DAYS	HOURS MIN.	Sept. 18,	1906		ryland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	O NWO	R LOCATION OF DE	ATH	9c. COUN	TY OF DE	ATH
O.	Sinai Hospital				Balt	imo	re				
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		10c. CIT	Y, TOWN OR	LOCATI	ON				10d, INSIDE CITY
E	Maryland				ltimo:						LIMITS?
اد	10e. STREET AND NUMBER						ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
ER/	2525 West Belved	ere Ave.					21215		U.	S.	A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED				IIC ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian, White, atc.
7 1	1 Never Married 2 Married	FORCES? 1		Ю			2 NO Specify	n, Puarto Rican, atc.)		Specif	
BY	3 💢 Widowed 4 🗌 Divorced										Black
Ē	15. DECEDENT'S EDU (Specify only highest grade		16a. DE:	ve kind of	USUAL OCC work done du se retired.)	CUPATIO	N at of working	Hochsch:			
LE.	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)	me.					Departme			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			эат	esper	2011	40 MOTHED'S NA	ME (First, Middle, Maide		LULE	
8	Edward Bagley							Watkins	i Surriame)		
BE	19a. INFORMANT'S NAME (Type/Print)	-	198	MAILING	AOORESS /	(Street a		Route Number, City or To	vn State Zio	Code)	
2	Charles E. Brown	TT						Ellicot			21043
	209, METHOD OF DISPOSITION		20b. PLACE	OF DISPO			netery, cremetory or		OCATION (
-	1 ABuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from 5000	Arbu	tus	Memor	ial	Park	Bal	timore	e Cor	inty, MD
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1		22. N	AME AN	D ADDRESS OF FA	CILITY Nutte	t Fune	eral	Homes, Inc.
	1 + X	5.	. V.		25	OT	Gwynns F	alls Park	way		
-	23. PART I. Enter the diseases, or	complications that		eth Do				ryland 2		oot .	Approximata
	shock, or heert fellure.				not enter t	ne mo	ac or dying, suc	II as caldiac of feet	on atory arr	oat,	interval Between
	IMMEDIATE CAUSE (Final disease or condition		A	+1-							Onset and Death
	resulting in death)	e	PR AS A CONSEC	DIENCE C	2016						
ا جا		332 10 (0			rater						j
ğ	Sequentially list conditions, if any, leeding to immediate	OUE TO (O	R AS A CONSEC	DENCE C	F):						
S	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	C	8		101	P	VD				
E	that initiated events	OUE TO (O	R AS A CONSEC	QUENCE C	PF):						
CERTIFICATION	reaulting in death) LAST	d									
	PART II. Other algnificent condition	ns contributing to d	eath but not r	eaulting	in the und	derlying	cause given in		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
S								PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED								_ ' '	2 110		OF DEATH? 1 YES 2 NO
≥								_			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 Residence	8 Other (Specify)			
Ή	27. MANNER OF DEATH	26a. OATE OF IN (Month, Day,		28b. TII	ME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, rear)	l In	M		YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF building, at		me, ferm,	atreet, fecto	ry, offic		26f. LOCATION (Stree City or Town, Stat		or Rural F	loute Number,
TE	4 Homicide datarmined		(ony or rown, our	7		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	ny knowledge, de	ath occur	red at the tin	ne, data	and place, and due	to the cause(s) and m	anner as stat	led.	
MO	anni .	ER: On the basis of exa	mination and/or	Investigat	ion, In my op	oinion, d	eath occured at the	time, data and place,	and due to th	ne cause(e) and manner so stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .					29c. LICENSE NU		29d, DAT	E SIGNED	(Month, Day, Year)
) BE	sufa				WD		DZIN	464	•	6	122/91
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)						
								-			
	JUN 22 1990	32. REGISTRAR	'S SIGNATURE								
	JUN ZA MOU	Strang Wallet	The state of								



	1	FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL HY(IENE NO.			
	ŀ	1. DECEDENT'S NAME (First, Middle, Lest) CECELIA T. TA	YLOR	_						2. DATE OF DEA	TH 9AY	- Ş ^e		TIME OF DEATH
	1		5. SEX	6. AGE (In yrs. I	last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRT	Н	6, B	IRTHPLA	CE (State or Foreign
	1	212-16-0748	1 □ M 2 ☑ F	69	YRS.	MONTHS	DAYS	NOUR#	MIN.	4-21-2	1		MÄR	YLAND
	.	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									н			
DIRECTOR		THE JOHNS HOPKIN									BALT	TMOF	RE CITY	
BEC	10e. STATE 10b. COUNTY 10c. CITY						OR LOCATI							I. INSIDE CITY LIMITS?
						LTIN	10RE	ZIP COD	_		I	10g. CITIZEN		YES 2 NO
FIINFRAI		638 S. STREEPER	STREET	г			2	1 2 0	0.5			USA	OF WITH	COOKINIT
2		11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13.				NC ORIGIN? (Spec		r No.— 14.1	RACE — Black, W	American Indian, hite, atc.
N Y		1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V		3,40		1 TES	2 NO	Spec#)	y:	,	W	Spec#y: HTT	F
		15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. I	DECEDENT'S	USUAL C	OCCUPATIO	N at of worki	•••	16b. KINO (F BUSIN	IESS/INOUST	RY	
li li		Elementary/Secondery (0-12)	College (1-4 or 5	·) /	Me. Do NOT u	ise retired.))	n or work	ry .					
COMPI ETED		8 YEARS		l H	OMEM	AKE	`	10 MOT	MEDIC NA	ME (First, Middle, I	Inidan Cu	(mama)		
		JOSEPH KRUSZEW	SKI							IA KOV				
TO BE		19a. INFORMANT'S NAME (Type/Print)								Route Number, City		-1115		
F		MRS. BARBARA SE	CHRIST							BALTO.				
		20a, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	S T	Place) TA	NISI	ame of cen _AUS	retery, crer CEI	metory or METE	ERY E	BALT	TION — City	or Town,	21224
	1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSES							FUNER/	_			
		Krimond Z.	Xac 2	ine	1:					ST. BAL			21	224
		23. PART I. Enter the diseases, or co	omplications the	t caused the	death. Do	not ente	r the mo	de of dy	ing, auc	h aa cardiac o	reapira	tory arrest,		Approximate Interval Between
		iMMEDIATE CAUSE (Final disease or condition	,											Onset and Death
		resulting in death)	OUE TO	OR AS A CON	SEQUENCE O	CHICK	DON .							10 MW
2				MOGULEU										ONE MONTH
E		Sequantially list conditions, if any, laading to immediate		(OR AS A CONS										
219		cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEQUENCE (OF):								
CEPTIFICATION		resulting in death) LAST		· · ·								_		
		PART II. Other algolificant conditions	contributing to	death but no	t reauiting	in tha u	inderlying	ceuse	given in		MAS AN A			ERE AUTOPSY FINDINGS
DEVELORAN. MEDICAL		BRENT CAKER									ERFORM		CC	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
														YES 2 NO
ż								-						
		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	□ ED/Outpetlant	2 DOA	OTHE	R:			heck only one)	16.4)			
i N		27. MANNER OF DEATH	28e. DATE O		28b. TI		28c. INJ		estoerice.	8 Other (Spec 28d. OESCRIBE		JURY OCCUR	ED	
> >		1 Natural 5 Pending 2 Accident Investigation	(Moran,	ouy, roury		М		YES 2	□ NO					
		3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At , etc. (Specify)	home, farm	, street, fa	etory, offic	•		28f. LOCATION City or Town		nd Number or I	Runal Roul	le Number,
COMBIETED		29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	f my knowledge,	death occur	rred at the	time, date	end plac	e, end du	e to the cause(e)	nd menn	ner as stated.		
		one) 2 _ NEDICAL EXAMINE	9: On the beels of	examination end	or investigat	lon, In my	opinion, d	leath occu	ared at the	e time, date and p	ace, end	due to the co	euse(e) e	nd menner ee stated.
	4	296, SIGNATURE AND TITLE OF CERTIFIER		(BHELED)	a. Mir	M. in	(.0.)	29c. LIC	ENSE NU	MBER			GNED (M	onth, Day, Year)
E 5		30. NAME AND ADDRESS OF PERSON WHO	ו ניווטל	1 selled	HOSPETH		MACE	HONE,	149					
		31. DATE FILED (Month, Day, Year) JUN 22 199	32. REGISTR	AR'S SIGNATUR	Hample	a.								

1 - STATE REGISTRAR	TATE OF MARYLAND / DEPAR CERTIF	ICATE OF DEATH	M PREGINO.	1-1674
1. DECEDENT'S NAME (First, Middle, Last) Walter		ourne	2. DATE OF DEATH	3. TIME OF DEATH
The second secon	SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8. 9	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give street SINFI HOSP		86 CITY, TOWN OR LOCATION OF DEA	NTH 9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\)
100. STREET AND NUMBER 5563 Elder	no Ave	101. ZIP CODE 2/2/	10g. CITIZEN	OF WHAT COUNTRY?
	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican 1 YES 2 NO Specify:	. Puerto Rican, etc.)	RACE — American Indian, Black, Whita, etc. Specify: Black
15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) Co	ON 16e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BUSINESS/INDUST	PY
17. FATHER'S NAME (First, Middle, Last) Walter We	Ibourne	18. MOTHER'S, NAM	He (First, Middle, Melden Surname)	1
Annie Well	00une 55	ADDRESS (Street and Number or Aural A 63 Eld-evon	oute Number, City or Town, State, Zip Coo	o, rd 21215
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		SITION (Name of comotory, cromatory or	20c LOCATION — City Pa (1)	or Town, State
21. SIGNATURE OF FUSERAL SERVICE LICENS	(Inm)	March F. H	Wast Au	¢
		7 300	5 Wassan A	
23. PART I. Enter the diseases, or com shock, or heert failure. List	plications that caused the death. Do a only one cause on each line.	not enter the mode of dyling, such	0000	Approximete Interval Between
shock, or heert failure. List IMMEDIATE CAUSE (Finel	only one cause on each line.		ea cerdiec or respiratory arrest	
shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	Only one cause on each line. CHRONIC PI DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O	ENAL FAILUI	en cerdiec or respiratory arrent	Interval Between Onset and Death
shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or tinjury that initiated events	DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O	ENAL FAILUI 1:0 myopathy N. Dependent	en cerdiec or respiratory arrent	Interval Between Onset and Death
shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or thjury	DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O	ENAL FAILUI	en cerdiec or respiratory arrent	Interval Between Onset and Death
shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or	DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O Chanic OWA ontributing to death but not resulting	ENAL FAILURE FIND My opathy PI N Dependent Fillular pulmy In the underlying cause given in its A Strucy	en cerdiec or respiratory arrent	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or	DUE TO (OR AS A CONSEQUENCE O SCHAPPIC CALC DUE TO (OR AS A CONSEQUENCE O NON-1 NSULA DUE TO (OR AS A CONSEQUENCE O Chappic OUS	ENAL FAILURA FI: L'O my opath y FI: N Dependent Fruchus pulmy fruchus pulmy In the underlying cause given in in Ly Astrony	Dialetes Ha	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR AS A CONSEQUENCE O SCHARMIC CALC DUE TO (OR AS A CONSEQUENCE O NO W — I NSULA DUE TO (OR AS A CONSEQUENCE O Charic GWA contributing to death but not resulting	ENAL FAILURE FIND My opathy PIND ependent PIND PULLURE In the underlying cause given in In A STELLY 26. PLACE OF DEATH (Che OTHER:	Dialuetes Mg. Dialuetes Mg. Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 DANG	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUN 2 2 1990

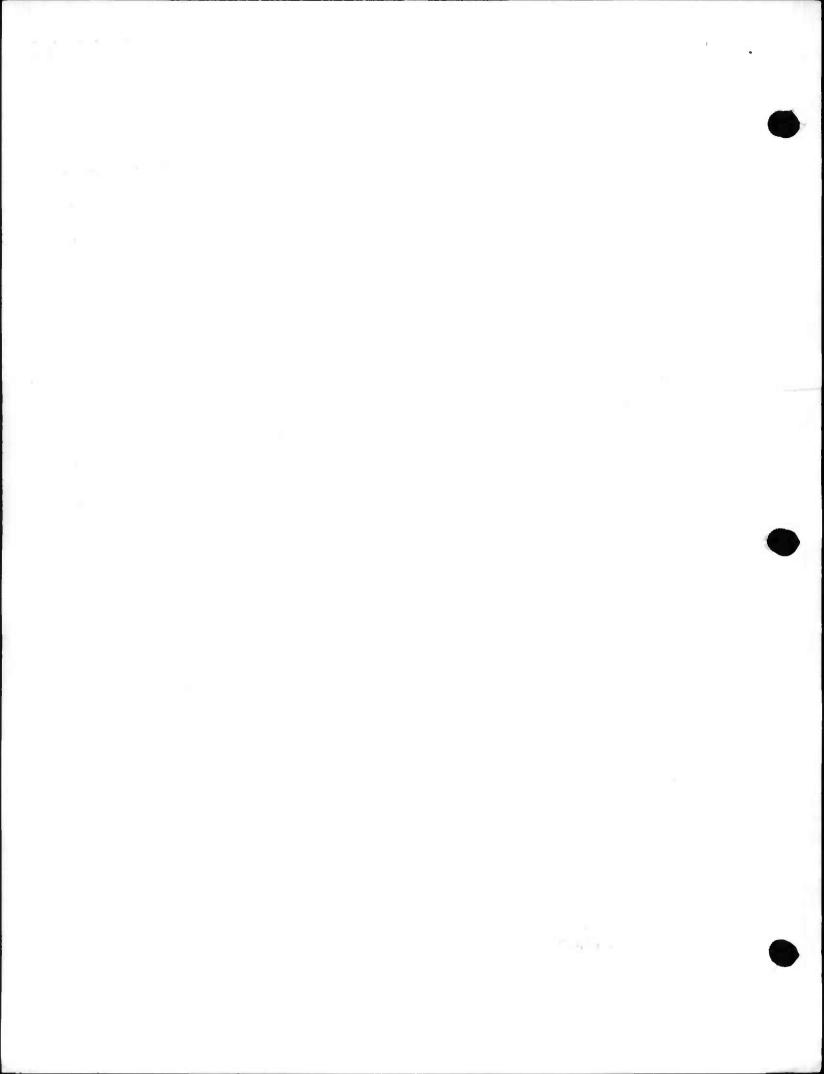
32, REGISTRAR'S SIGNATURE

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FENDING PHYSICIAN: The law requires that the death certificate be executed within 20-mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	fter death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: TI	THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State Dept.	APORTANT: If Item 28 is marked, or Iter

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 4	1. DECEDENT'S NAME (First, Middle, Last)	1		2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH					
l l	MATTIE VIRGINIE	4 Will	Kinson	3008 13	0881 5	10:30 A.M.					
į	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr.		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	IPLACE (State or Foreign					
	213 32 9187 10H2XF 84	YRS. MONTH	S DAYS HOURS MIN.	JULY 15	905 PA	RVIDOD					
}	9a. FACILITY NAME (If not institution, give street and number)	9b, C	ITY, TOWN OR LOCATION OF DE		9c. COUNTY OF D	DEATH					
œ	M. 0. 00 00 Dugs at 11-				0	10 - 00					
2	RESIDENCE OF DECEDENT	JUK	100200		DAYI	11.10KS					
E	10a. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY					
DIRECTOR	MARYLAND BALT, MORE	To	nson		_	LIMITS?					
	10e, STREET AND NUMBER	1 1/2/	101. ZIP CODE		10g. CITIZEN OF V						
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	1 Namer Marriad 2 Marriad FORCES? 1 YES 2	™ NO	If yes, specify Cuban, Maxica	n, Puarto Rican, atc.)	Black	k, White, atc.					
B	Widowed 4 Divorced IF YES, GIVE WAR OR DATES	•	1 YES 2 NO Specify	<i>r</i> .	Spec	Aits					
E	15. DECEDENT'S EDUCATION 16.	. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY						
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work do life. Do NOT use retire	ne during most of working d.)								
7	Letter has years to say	AT H	oms								
COMPLET	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)						
	MARSHALL HOLL		MARI	1/200 5	CHO	MBLRS					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR	ESS (Street and Number or Rural I	Route Number, City or Town		110210					
2	FAMILY RICARDS	ma2	S AS AB	OVE							
	20a, METHOD OF DISPOSITION 20b. PL	ACE OF DISPOSITION	(Name of cemetery, crematory or	20c, LO	CATION — City or To	own. State					
	1 B-Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	her place)	none	OLPK Pa	oki IIc	00					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	114	22. NAME AND ADDRESS OF FA	CILITY - C	TV ILL	1 10-					
	100 75	1.	EVANS CHA	677 0 L CI	411.5						
	And to Manne A		2325 YOR	KOBO-	inon	ium					
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each		ter the mode of dying, auc	h aa cardlac or reapi	ratory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Final	mile.				Onset and Death					
	disease or condition	The									
1	resulting in death) a. DUE TO (OR AS A CO	ONSEQUENCE OF):	T _a								
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ō	Sequentially list conditions, DUE TO (OR AS A CO	INSEQUENCE OF):									
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permit. Pages 1, 2, 3 should

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O THE HOSPITAL OH ALLENDING PHYSOLIAN: THE ISM TEQUINES THAT THE USE THAT THE ISM TEACHED THE PHYSOLIAN OF T	PUNER	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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LETED CAUSE OF OEATH (ITEM 27) (Type, Print)

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Wilson 06 20 90 Ŧ James 4. SOCIAL SECURITY NUMBER 5. SEX BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F YRS. 220-01-2476 70 03-10-20 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Joseph Hospital Towson RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO Baltimore -Md Baltimore FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21234 2909 Topaz Road .A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify White 1 YES 2 NO Specify: B 3 Widowed 4 Divorced COMPLETED 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INOUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12YRS. 12R ALTO 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surnama) ROBERT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Str. et and Number or Rural Route Number, City or Town, State, Zip Code) 2 20a. METHOD OF OISPOSITION
15 Burlel 2 Cremation 3 Removal from State
1 Donation 5 Other Popular 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1287 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 0 HARFOR 8300 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease Dr COndition acut resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? OTHER 1 TES 2 NO 1 ☐ Inpatient 2 KER/Outpatient 3 ☐ DOA 5 - Residence 5 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 25b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 INJURY 1 Natural 5 Pending Investigation 1 WES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 26t. LOCATION (Street and Number of Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occured at the tima, data and place, and dua to the cause(a) and manner as stated 29b. SIGNATURE TITUE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE

9- OAL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the street death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Donald W. Mintzer, 31. DATE FILEO (Month, Day, Year) JUN 22 1990

									10	16948
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM				YGIENE EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) Giles LeRoy	Wallace, Jr.				2. DATE OF D MONTH 6-19	– 1990	Y	CAR	e of death :45 P. m
	212-03-8391	6. AGE (In yrs. 75	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 2-3-	1915		Maryl	and
OR	ea. FACILITY NAME (If not Institution, give street a Good Samaritan Hosp		Baltimore				9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland			imore	ON					NSIDE CITY JMITS? YES 2 NO
FUNERAL I	10a. STREET AND NUMBER 3427 Parklawn Ave.			101.	ZIP CODE 21213			U.S.	OF WHAT C	
BY FUNE	1 Never Married 2 (V) Married	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES	ARMED		NDENT OF HISPAN city Cuban, Maxica 2 X NO Specify	n, Puarto Rican				nerican indien, a, atc.
COMPLETED		oleted) bliege (1-4 or 5 +)	DECEDENT'S USU (Give kind of work life. Do NOT use rei Purchas i	done during mos ired.)	t of working			ESS/INDUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) Giles L. Wallace		ur crius i	ng nge	18. MOTHER'S NA		_			
5	19a. INFORMANT'S NAME (Type/Print) Lavinia S. Wallace				Ave., B					
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal: 4 Donation 6 Other (Specify)	from State 20b. PLA	CE OF DISPOSITIO	ON (Name of cem			20c. LOCA		y or Town, St	Ita
	21. SIGNATURE OF FUNERAL SERVICE LICENSI Roy H. Cather Roy H. Cath	EE	TRACOG	22. NAME AN	D ADDRESS OF FA	CILITY			1	.,Md. 21214
	23. PART I. Entar the diseases, or comp shock, or heart fallure. List	plications that caused tha							t, [Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	acuto C	ende	in a	rrhy	then	ä			Onset and Death
TION	Sequentially list conditions, If any, leading to immediate Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):	la,	~ Rese	cipa	ein	1 Chi	Ten	<
C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								ABLE PRIOR TO PLETION OF CAUSE	
PHYSICIAN: MEDICA						_			1 🗆	YES 2 NO
SICIA	25. WAS CASE MEFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL:		THER:	ACE OF DEATH (Ch		ecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O		RK?	26d, DESCRIE	BE HOW INJ	JURY OCCU	RED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY A building, atc. (Specify)	t home, farm, stree	et, factory, office		28f. LOCATIO City or To	N (Street and wri, State)	d Number or	Rural Route N	lumber,
COMPLETED	one)	: To the best of my knowledge								mariner as stated.
O BE CO	SE-SIGNATURE AND TITLE OF CERTIFIER	when 4			DO7	196 296	,	29d. DATE 5	IGNED (Mont	90 y

3009 Evergreen

Balto.,

Md. 21214

M.D.

the State of the s

urs after death. Page 6 may be retained

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			ENTIFI	CALE	. Or	DEA	111		REG. NO.							
- 1	1. DECEDENT'S NAME (First, Middle, List) 2. DATE OF DEATH 3. TIME OF DEATH																
	VINCENT YAN	VINCENT YANNUZZI 6-20-90 11:20 p									11 00 M						
	4. SOCIAL SECURITY NUMBER	7	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O		-90	6. BIRTH	11 · 20 p "				
	219-18-2749	1 😡 M 2 🗆 F			MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Count	ry)				
- 1	9a. FACILITY NAME (If not institution, give a	Λ	65		Oh CITY	TOWN	OR LOCATI	ON OF OR		9-25	00 0011	Baltimore COUNTY OF DEATH					
				- [AIR		96. 000	NIT OF D	PEAIN				
	St. Agnes Ho	Spital			Baltimore												
	10a. STATE 10b. COUNT	RESIDENCE OF DECEDENT 10s. COUNTY 10s. CITY, TOWN OR LOCATION 10d. IN								10d. INSIDE CITY							
:	Md.			200	12.000 10.00				LIMITS?								
	10e, STREET AND NUMBER				Linthicum Heights			LS				1. YES 2 NO					
					101. ZIP CODE			10g. CITIZEN OF WHAT COUNTY									
į	507 Sudbury Road				21090				USA			A					
,	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 12							IIC ORIGIN? n, Puarto Ri	(Specify Yea	or No	14. RACI	E — American Indian, k, Whita, etc.				
	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WA					8 2 NO			carr, arco)		Spec	ffy:				
		1			<u> </u>		X						white				
	15, DECEDENT'S EDU (Specify only highest grade		16a. O	ECEDENT'S I Give kind of w a. Do NOT use	USUAL OC	CUPATI	ON ost of workli	107	16b. I	KIND OF BUS	INESS/INC	DUSTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5 +)															
	unknown			T V E	ngin	eer				WJZ I	'V						
à	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)						
N	Carmine Yannuz	zzi						Mar	y R.	Cappa	rell	i					
2	19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	ADDRESS	(Street	and Number	or Aural I	Route Numbe	r, City or Town	, State, Zip	Code)					
:]	Frances E. Yann	nuzzi		507	Sudl	bur	y Roa	d Li	nthi	cum He	ight	s. M	id. 21090				
	200, METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	ITION (Nar	me of ce	metery, crer	natory or		-			own, Stata				
Į	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State	other p	eadow:	rido	о М.	emori	al P	ark			•	id. 21227				
- 1	2) SIGNATURE OF FUNERAL SERVICE LI	CENTRES //					ND ADDRE						ens Ave.				
- 1		(11)															
	The world	CV-			nui	DDa.	ra ru	mera	IT HOL	ne Ba	Tro.	Md.	21229				
	23. PART i. Enter the diseases, or				ot enter	the m	ode of dy	Ing, suc	h ee cardi	ec or respi	retory er	rest,	Approximate				
- 1	shock, or heart fellure.	List only one cous	e on sech lin	e.									Onset and Death				
1	iMMEDIATE CAUSE (Final disease or condition			Onset an						l constraint							
ŀ	resulting in death)	BUE TO (fferen	tiate	d ad	eno	carci	noma	of	the lu	mg						
5	Sequentially liet conditions,	b. WILLI IIIE	OR AS A CONSE	es to	reg	10n	al ly	mph	node	s and	mesc	the.	Lial				
If sny, leading to immediate													İ				
	couse. Enter UNDERLYING surfaces																
	CAUSE (Disease of Injury			OHENCE OF	D.						DUE TO (OR AS A CONSEQUENCE OF):						
	that initieted events			OUENCE OF	7:												
	CAUSE (Disease of Injury			EOUENCE OF	ን፡												
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE			deriyir	ng ceuse	given In	Part I.	24a. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS				
	that initieted events	DUE TO (OR AS A CONSE			derlyir	ng ceuse	given In	Part I.	24a. WAS AN PERFOR		241	AVAILABLE PRIOR TO				
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE			derlyir	ng ceuse	given In			MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE			derlyir	ng ceuse	given In		PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	that initiated events resulting in deeth) LAST PART II. Other eignificent condition	DUE TO (OR AS A CONSE			derlyir	ng ceuse	given In		PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
במוסיב סבוווווו	that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERREO TO MEDICAL	d	OR AS A CONSE		n the un	26. F				PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	that initiated events resulting in deeth) LAST PART II. Other eignificent condition	DUE TO (OR AS A CONSE	resulting i	n the un	26. F	PLACE OF E	DEATH (Ch	_	PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	that initiated events resulting in deeth) LAST PART ii. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (DR AS A CONSE	resulting i	OTHER	26. F 3: sing Ho 28c. (N	PLACE OF E	DEATH (Ch	eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-ments after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, Last)		· ·		2. DATE OF DEATH		SAR 3. TIME OF DEATH			
DOROTHY M	. ZIEGLEA	ζ		06 - 1	7 - 90	7:40 m			
4. SOCIAL SECURITY NUMBER	,	MONTHS	1 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
215 09 9434	1 D M 2 X F 7	7 2 YRS.		01-24/9		JARYLAND			
Sa. FACILITY NAME (If not institution, give at		9h. CIT	, TOWN OR LOCATION OF D	EATH	9c. COUNTY	TIMORE			
ST. JOSEPH HO	SPILAL	10	WSON		DAL	ITNIORE			
10a. STATE 10b. COUNTY		10c, CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?			
MARYLAND BAL	Timors	MARK	VILLE			1 TYES 2 NO			
10a. STREET AND NUMBER	0= 00 0		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
8107 OLO HAI	12. WAS DECEDENT EVER IN U.	S ARMED 13	WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ve	0 or No _ 14	RACE — American Indian,			
1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, specify Cuban, Maxico 1 ☐ YES 2 NO Specific	en, Puarto Rican, atc.)		Black, Whita, etc. Specify:			
3 🔀 Widowed 4 🗌 Divorced	in res, sive that on bare		To Tage to open	7.	10	STIKU			
15. DECEDENT'S EDUC (Specify only highest grade	CATION 18 completed)	e. DECEDENT'S USUAL C	during most of working	16b. KIND OF BU	SINESS/INDUST	TRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)							
17. FATHER'S NAME (First, Middle, Last)		AL M	18 MOTHER'S NA	AME (First, Middle, Maider	Surname)				
RAYMOND	Russell		MAR	y lar	BIR	_			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDRES	S (Street and Number or Rural	Route Number, City or Tov	m, State, Zip Co	de)			
FAMILY KE	COROS	SAM	E AS AC	SVO					
20a. METHOD OF DISPOSITION	oval from State 06	LACE OF DISPOSITION (N	ame of cemetery, crematory or	20c. LC	OCATION — City	or Town, Stata			
4 Donetion 5 Other (Specify)	G	9ROENS	OFFAITA	1 1/0	AOSZ	15 MO-			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22	NAME AND ADDRESS OF F	SET OF M	3013	لعاتم			
Houte to	Nam. h	8	200 HAR	FORD R	1-0A0	PARKVILLE			
23. PART I. Enter the diseases, or o	complications that caused the List only one cause on each	na death. Do not ente	r tha moda of dying, au	ch as cardiec or resp	iratory arrest	, Approximete			
IMMEDIATE CAUSE (Finel	11-=4		ALACT	~ 4 0	- 410	Opent and Dooth			
disease or condition resulting in deeth)	MEIASTA.	IIC B	REAST	CARC	CINU	MA			
	DUE TO (OR AS A CO	ONSEQUENCE OF):		•					
Sequentially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE OF):				- 			
If sny, leeding to immediate cause. Enter UNDERLYING									
CAUSE (Disease or Injury that initiated evanta	DUE TO (OR AS A CO	ONSEQUENCE OF):							
resulting in deeth) LAST	d								
PART II. Other significant condition	as contributing to daeth but	not resulting in the u	nderlying causa given in	Part I. 24a, WAS A		24b. WERE AUTOPSY FINDINGS			
				PERFO	RMED? 2 SE NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
						OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C	heck only one)					
1 TYES 2 NO	1 Inpetient 2 ER/Outpetic	ent 3 DOA 4 No	reing Homs 5 ☐ Residence	8 Other (Specify)					
27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED			
2 Accident Investigation	Of a Di ACE OF HILITRY	M	1 YES 2 NO	201 1 0 0 1 7 0 1 7 0 1		2-18-14-1			
3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At nome, term, street, te	ctory, office	28f. LOCATION (Street City or Town, State		Hurai Houte Number,			
29a. CERTIFIER									
(Check only	ICIAN: To the best of my knowled ER: On the basis of examination a								
29b. SIONATURE AND TITLE OF CERTIFIE			29c. LICENSE NU			IGNED (Month, Pay, Year)			
(dealle	mp		D 26	886	> 6	117/90			
30. NAME AND ADDRESS OF PERSON WH	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
CEBALLOS,	M.D S	ST. 3057	EPH HOS	PITAL -	- 10W	150N, MD 2120			
JUN 22 1990	Les Deviden 3	, <u>*</u>							
	and the second s					DHMH-16 Rev 1/89			

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	1 - STATE REGISTRAR		CERTIF	CATE OF DEATH	REG.	NO.				
	1. OECEDENT'S NAME (First, Middle, Last) Finette	Jefferson	n Artis		2. DATE OF OEATI	H DAY YE				
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS IN		8. B	Maryland			
S.	9a. FACILITY NAME (If not institution, give a Deaton Medic	*		9b. CITY, TOWN OR LOCATION Baltimore	OF DEATH	9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT			Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	MD . 100. STREET AND NUMBER		В	altimore 10f. ZIP CODE		10g. CITIZEN	1 X YES 2 NO OF WHAT COUNTRY?			
FUNERAL	1224 McCulloh			2121		II.S				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF I	Maxican, Puarto Rican, atc.	.)	RACE — American Indian, Black, Whita, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elamentary/Secondary (0-12)	UCATION e completed) Coffege (1-4 or 5+)	(Give kind of tillie. Do NOT us	USUAL OCCUPATION work done during most of working se retired.) Cation	75.15T OC.	eacher	RY			
	17. FATHER'S NAME (First, Middle, Last) William G	rant Jeffe	rson	10.00	es name (First, Middle, Me ttie Wyat					
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or	Rural Route Number, City or	Town, State, Zip Cod				
	Mildred Long 20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran	2	other place)	SITION (Name of cemetery, cremato	/	c. LOCATION — City				
	4 Donation 5 Other (Specify)	/	Arb #281	utus Mem. P	OF FACILITY	Arbutu	s, MD. N.Monroe St			
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	b. DUE TO JOR AS	S A CONSEQUENCE O	net P	weig	is mid	Onset and Death			
PHYSICIAN: MEDICAL CEI	PART II. Other significant condition	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA	TH (Check only one)					
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	Y 28b, TI			OW INJURY OCCUR	EO			
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJU	RY — At home, farm,	M 1 YES 2 X		281. LOCATION (Street and Number or Rural Route Number,				
COMPLETED	(Check only			red at the time, data and piece, a						
TO BE CON	29b. SIGNATURE AND TITLE OF CERTIF	edun		DI	SE NUMBER		GNED (Month, Day, Year)			
 	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	3 0					

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BALTIMORE, MAI

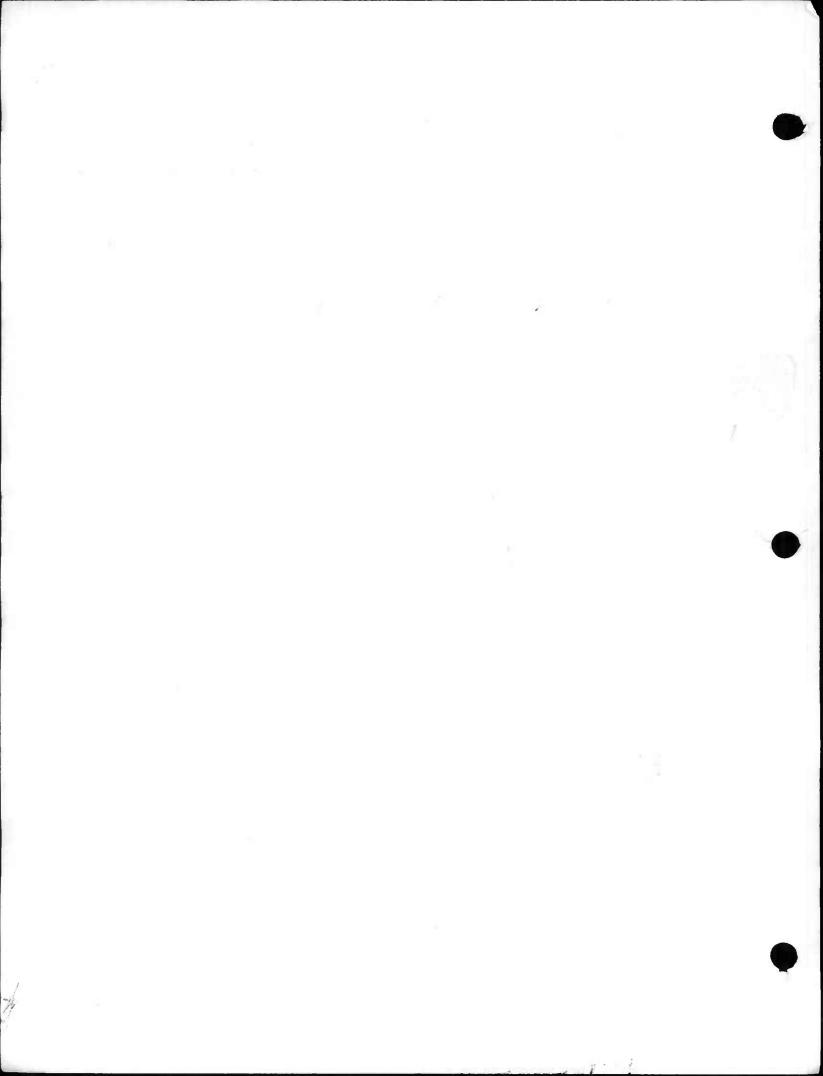
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or amending physician. 1203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than Proc 6 may be resell TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the lumeral director page 5 shall be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remove must be wellful IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical standard must be wellful.

JUN 2 5 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO		0 16952		
	1. DECEDENT'S NAME (First, Middle, Last) ELIZAB	ETH E	3E5T	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213 - 13 - 9310 9e. FACILITY NAME (If not institution, give str	1 - M 2 F 7	6 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yer)	BIRTHPLACE (State or Foreign Country) OF DEATH			
NO I	JINAY 1409	pital	30	BA	470 CI	TY	SC. COUNTY	OF DEATH		
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT		,		10d. INSIDE CITY LIMITS?		
	104. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	1327 NORTH KENWO	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DEC		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8 or No— 14.	RACE — American Indian, Black, White, etc.		
COMPLETED B	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		I6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mot tired.)	st of working	16b. KIND OF BU	SINESS/INDUST	TRY		
	8th 17. FATHER'S NAME (First, Middle, Last) BERT GREEN		PRESS	UPERA	18. MOTHER'S NA	ME (First, Middle, Maider A PETTI				
TO BE	196. INFORMANT'S NAME (Type/Print) WATT BEST 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1327 N. KENWOOD AVEBALTIMORE, MD 2121									
	20e, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	wel from State	EADOWRIDG	SE MEM.	PK. CEM	ETERY BAI	CTIMORE			
	21. SIGNATURE OF ELIMENAL SERVICE LIC	The second	× 1	diam'r.	MARCH		01 E.	NORTH AVE.		
	23. PART I. Enter the disease, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each	MYOCA CONSEGUENCE OF):	rdial	in far	chim si		Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DYCIMIC BYCOMIC BY									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C)	eck only one)		<u></u>		
HYSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	tient 3 DOA 4	Nursing Hom F 28c. INJ	URY AT	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUP	MED		
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, stre	INJURY MORK? M 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number City or Town, State)						
COMPLETED	(Check only	CIAN: To the best of my knowle								
TO BE CO	29b. SIGNATURE AND TITLAGE CERTIFIES				29s. LICENSE NU	unecos)	•	IGNED (Month, Day, Next)		
-	30. NAME AND ADDRESS DERSON WH	O COMPLETED CAUSE OF DEA	TH OTEM 27) (Types Pr	K Ro	I unol 1	Flow B	alhim	NEW D		
	JUN 2 5 1990 gu	or handagar Marian								



1	-	STATE REGISTRAF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO).				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN			
	lone	Brown			June 22.	1990	7:05 A			
4. SOCIAL SECURITY NUMBER 117-10-2064	6. SEX 1 M 2 F	(In yrs. lest birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) $7 - 28 - 0$	Cour	TNPLACE (State or Foreign NTry)			
99. FACILITY NAME (If not institution, give stand Maryland General		al		more C:	EATN	9c. COUNTY OF				
RESIDENCE OF DECEDENT 10a. STATE MD			Y, TOWN OR LOCAT	E, CITY	,		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER 1100 PENNSYLV	ΔΝΙΔ ΔΥΕ	APT915	101	ZIP CODE 21201	·	10g. CITIZEN OF	WNAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2X XNO	If yes, sp	ENDENT OF NISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 14. RA	CE — American Indian, lick, White, etc.			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Spcondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of v		ON st of working	16b. KIND OF BU	SINESS/INDUSTRY				
	8th DOMESTIC									
17. FATHER'S NAME (First, Middle, Lest) JOSEPH CARTE	R			MAH	IALIA					
ALBERT R. R	088	1206	N. AUG	USTA AV	Flourie Number, City or Tow E BALTI		MD. 21229			
20s. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from State	MT. AUBU	IRN CEM	notory, crematory or ETERY		CATION — City or				
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	5		MADCH		01 5 1	NORTH AVE			
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):							
PART II. Other algolificant condition	d	but not resulting	In the underlyin	g cause given in	Part 1. 24a. WAS AN PERFO	RMED?	4b, WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
							1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	outpatient 3 🗆 DOA	OTHER:	ACE OF DEATN (C)	6 Other (Specify)					
27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigation	26a. DATE OF INJUI (Month, Day, Yea		JURY WO	URY AT DRK? YES 2 NO	26d, DESCRIBE HOW	INJURY OCCURED				
3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factory, offic	•	261. LOCATION (Street City or Town, State		nl Route Number,			
	CIAN: To the best of my kr						e(s) and manner as stated			
296. SIGNATURE AND TITLE OF CERTIFIED AT	DA	PGY	/	29c. LICENSE NU	MBER	// .	ED (Month, Day, Year) ZZ/90			
30. NAME AND ADDRESS OF PERSON WH Anisa Adada,				vland (General F	losnita	1			
31. DATE FILED (Month, Dey. 1607) JUN 25 1990	CALL DESIGNATION OF	Mineste.								

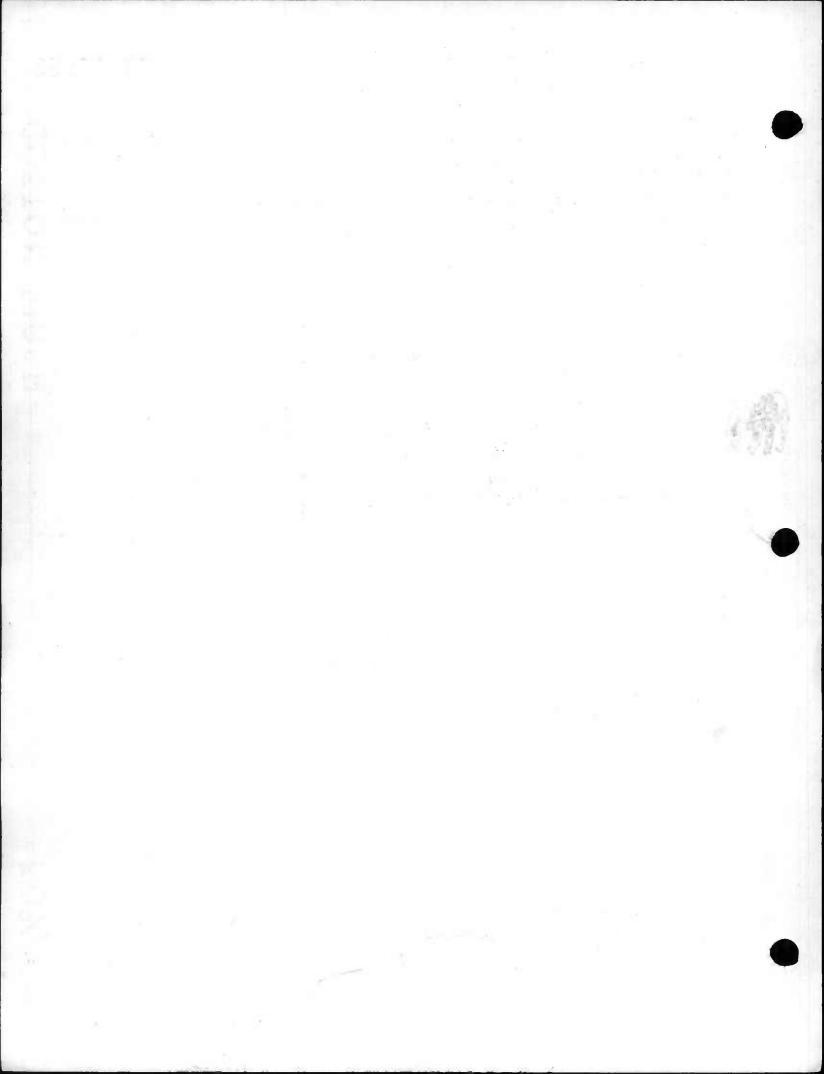
detached for use as the burial-transit permit, Pages 1, 2, 3 should the hospital or attending physician.

M AND 21203-3146

BALTIMOR ours after death. Page 6 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner man



FOR STATE REGISTRAR

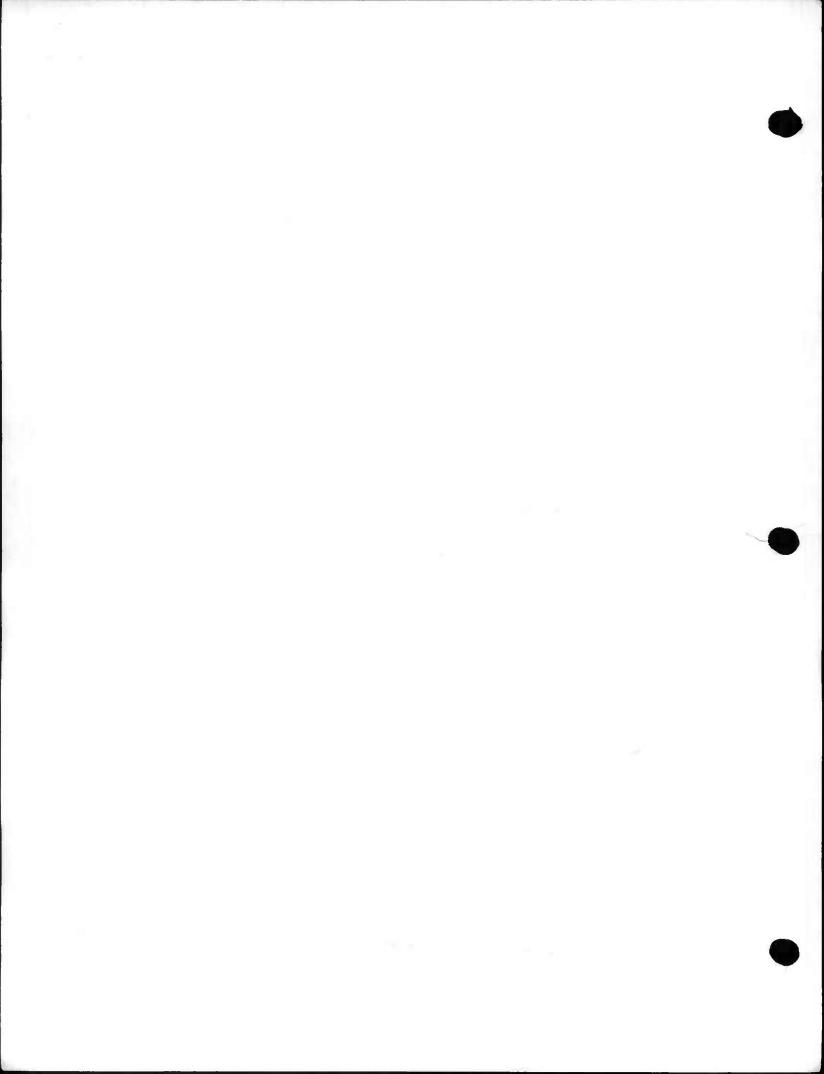
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

) 	1. DECEDENT'S NAME (First, Middle, Lest) Emma V. Butler 2. Date of Death Month Day Year 6 21 1990							3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 215-18-593		5. SEX	6. AGE (In yrs. id	ast birthday) YRS.	IF UNDER	DAYS	IF UNDE	24 HRS. MIN.	7. OATE OF E (Month, De 1_25	HTRI			PLACE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH												NTY OF D		
FUNERAL DIRECTOR	100. STATE		y, town		TION		<u> </u>				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
ERAL	3600 W. F	K		10	1. ZIP COO	229			10g. CIT		S A				
BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo			NT EVER IN U.S. A I YES 2 A MAR OR DATES			If yes, sp	CENDENT Cubes 2 NO	n, Mexice	NIC ORIGIN? (S n, Puerto Ricar y:	pecify Yea i, atc.)	or No	14. RACI Blaci Spec	American Indien, k, White, etc.	
COMPLETED	15. DEC (Specify only Elementary/Secondary (C / T n	EDENT'S EDU- y highest grade 0-12)	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of fe. Do NOT u	work done	during m	ON ost of worki	ng	16b. KIN	D OF BUS	SINESS/INC	OUSTRY		
BE COM	17. FATHER'S NAME (First, M James Rob	inson								ME (First, Middle Davi					
TO .	Dorothy B.		,							Route Number, C Baltin				!5	
	20a METHOD OF DISPOSIT 1 A Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Ram	oval from State	20b. PLAC other	e of olspo place) Dr			ge Ce		ery	20c. LOCATION - City or Town, State y Baltimore, Md				
	21. SIGNATURE OF FUNERAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue														
CERTIFICATION	ahock, or heart failure. List only ona cause on each line. IMMEDIATE CAUSE (Final disease or condition) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Onset and Death					
MEDICAL	PART II. Other eignifice	nderlylr	ng Ceuse	given in		PERFOI		248	D. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			отне		LACE OF	DEATH (C)	neck only one)					
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	1 Inpatient 2 28s. OATE 0 (Month,	ER/Outpatient F INJURY Day, Year)	28b. Til	4 🗆 Nu	26c. IN W	JURY AT ORK? YES 2		6 Other (S)		INJURY OC	CCURED		
		Could not be determined	28e. PLACE building	OF INJURY At I, etc. (Specify)	home, farm,	street, fac	ctory, offi	ce		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
BE COMPLETED	contact only	ICAL EXAMINI	A					death occ		time, data end		nd dua to t	the ceuse(e) end manner ae stated. O (Month, Day, Year)	
2	30. NAME AND ADDRESS O	SH	HO COMPLETED CAN	USE OF OEATH (IT	(() TEM 27) (Typ	e, Print)	5	CAT	70	DIN	m	17 (2 N	-540	
	31. DATE FILEO (Month, Day,	JUN 2	32. REGISTR	AR'S SIGNATURE	vidou.	Bonda	M		L	INIT	111	CUI	\ \	1) 12-10-0	



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0	TEN	CTOR	after	28	ı
DIVISION OF VITAL RECORDS, F.C. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 wours after death. Page 6 may be received attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page American for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be income	l
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND / Ce		TMENT ICATE					YGIEN EG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Lest) Janet Irene Brow	ver		3					June 2	DA	1990	YEAR	3. TIME OF DEATN 8:00 A.M
8	4. SOCIAL SECURITY NUMBER 205-26-6314	5. SEX 1 M 2 T	6. AGE (In yrs. las 56	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day Dec. 2	inth (Year) 23,	1933	Countr	PLACE (State or Foreign y) 1Sylvania
E I	99. FACILITY NAME (If not institution, give s 259 10th St. RESIDENCE OF DECEDENT			ade	n a	ON OF OE	ATN			nty of o	eath runde l		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Y. TOWN O										
DIRECTOR		e Arunde	1	17.5	saden		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	2112						VHAT COUNTRY?
N.	259 10th St.	12, WAS DECEDER	T EVER IN U.S. AR	MEO	13. V	MAS OEC			IIC ORIGIN? (S	pecify Yes			- American Indian,
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	MAR OR OATES	10	H	f yes, sp		n, Mexica	n, Puerto Rican			Speci	
	15, DECEOENT'S EOU	CATION	16a, DE	CEDENT'S	USUAL OC	CCUPATIO	ON .		16b. KIN	D OF BUS	SINESS/ING	DUSTRY	White
PLETED	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5	(G IIIe.	ive kind of v . Do NOT us	work done o se retired.)	during mo	at of worki	ng					
d d	17. FATNER'S NAME (First, Middle, Last)		Lay	out 1	Deve 1	ope	v	HER'S NA	ME (First, Middle		ghous	se	
	Walter LeRoy Hoc	kman							ose Oal				
3	Phyllis Brower								Route Number, C				22192
	20e. METHOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	ace)				ry, cremetory or 20c. LOCATION — City or Town, State							
	4 Donetion 5 Other (Specify)	SENSEE	_ Gien	наус	en Me		1 a l l			ые	n Bui	rnie	, A.A., MD_
	Vo hot	ZII.			Ki	rkl	ey Fi	uner	al Home	e 61	en Ri	ırni	e, MD 21061
	23. PART I. Enter the diseases, or shock, or heart failure.												Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition		east	Ca	Ma	or					Onset and Death		
	immediate cause (Final disease or condition resulting in deeth) Motavativ Great Cancer e. Motavativ Great Cancer Due to (or as a consequence of):									1			
NOI	Sequentielly liet conditione, if any, leading to immediate out to (or as a consequence of):												
CERTIFICATION	cauea. Enter UNDERLYING CAUSE (Diseese or Injury	c. OUF TO	O (OR AS A CONSE	OHENCE O	E)·								
H	that initieted events resulting in death) LAST	d	(611 75 7 65152										
	PART II. Other significent condition	na contributing to	o death but not	resulting	In the un	nderlyin	g cause	given in	Part I. 24		AUTOPSY	248	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									10	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
ME													1 YE\$ 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			_		26, P	LACE OF (DEATN (Ch	neck only one)		_		
Sic	EXAMINER? 1 YES 2X NO	HOSPITAL:	☐ ER/Outpatient :	B 🗆 DOA	OTHER 4 Nur		ne 5XXA	lesidence	6 Other (Sp	pecify)			
	27, MANNER OF OEATN 1 XXNetural 5 Pending	28e. OATE O (Month,	F INJURY Day, Year)	28b. Till IN.	JURY M	W	JURY AT DRK? YES 2	□ NO	28d. OESCRI	BE NOW	INJURY O	CUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE building	OF INJURY — At he	ome, farm,	street, fact	tory, offic	00			ON (Street own, State)		er or Rural	Route Number,
PLE	290. CERTIFIER 1 XXCERTIFYING PNYS	ICIAN: To the best of	of my knowledge, d	eath occur	red at the t	tirne, date	and plac	e, and due	to the cause(e	e) end me	nner as at	nted.	
2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in										l place, er			
B	296. SIGNATURE AND TITLE OF CERTIFIE		4em		M.	,D		20					une 90
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETEO CA	SON L	M 27) (Type	e, Print)	Dri	ne «	2 2 2	o Glo	u. R.	urni	· M	une 90 d.21061
	31. OATE FILED (Month, Day, Ybar)	32. REGIST	S COURE	וקיי	J		0,,		410			· ·	
	JUN 25 1990 guli	C-Devices	1										

BALTIMORE, MARYLAND 21203-31

STATE REGISTRAR

Md.

11, MARITAL STATUS

10e. STREET AND NUMBER

1 Never Married 2 Married

8 th grade

20g, METHOD OF DISPOSITION

1 YES 2 NO 27. MANNER OF DEATH 1 Natural

2 Accident 3 Suicide

4 Homicide

5 Pendi

8 Could

Sue Komick

3 Nidowed 4 Divorced

HENRY

4. SOCIAL SECURITY NUMBER 219-28-8106

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DIRECTOR

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P t	еточа	dical examiner mi
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aly fill	ation	the
ling physician and completely filled in by the funeral director, par	СГВП	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
OO DI	unial,	tic e
an ar	101	uma
physician a	phio a	or tra
d Guil	ygiene	othe
attend	Tal H	y, or
the	1 Mer	y injury
ed by	h and	any
signe	Healt	SMI
Deen	x. of	3 she
has	e Deg	E 2
ificate	Stat	r ite
s cert	th the	d, 0
After this certificate has been signed by the attending	th wi	larke
I: Aft	r dea	is m
CTOR	s afte	28
DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur	Her
ERAL	in 72	TE H
FUN	with	TAN
THE	filed	1POF
12	ž	=

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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2

90 16956 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 90 BLOCKINGER 4:43 PH 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 1 🖳 M 2 🗆 F 58 10 26 1931 Baltimore 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 INO Baltimore Lansdowne 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3301 Kessler Court USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ABMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 2 NO Specifite 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl College (1-4 or 5 +) Roofer Self. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Blockinger Anna Myers 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4800 Turkey Foot Road Westminster, Md. 20c. LOCATION — City or Town, State 20b. PLACE OF DIAPOSITION (Name of cemetery, crematory or 1 ABurial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) Cedar Hill Cemetery Baltimore, Md. 21225 FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4107 Wilkens Ave. Hubbard Funeral Home Balto. Md. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory errest, Approximate

ehock, or heart falls	ure. Liet on	nly ona ceuea on aech line.	Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)	0	SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF):	Onset and De
Sequentially list conditions, if eny, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	PNEUMONIA RUE TO (OR AS A CONSEQUENCE OF): PROGRESIVE ADENOCARCINOMA of LUNG DUE TO (OR AS A CONSEQUENCE OF): HTN	
		rributing to death but not recuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?	b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO

euiting in daeth) LAST	L	d	TN	 				
CHRONIC (_			undarlying cause given PISEASE	in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YE8 2 🌠 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YE8 2 Y NO
WAS CASE REFERRED TO ME	DICAL				26. PLACE OF DEATH	(Check only or	10)	
EXAMINER?		HOSPITAL:		OTH	IEO.			

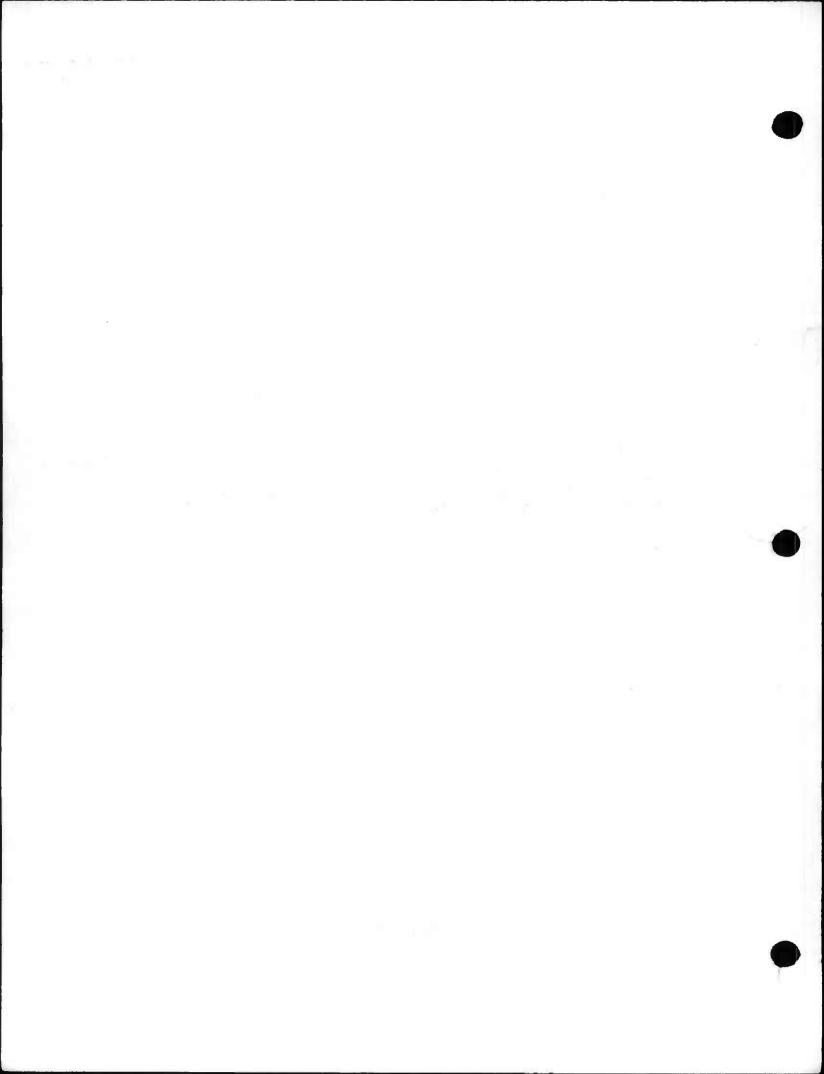
	1. Inpatient 2 - ER/Outpatient 3	□ DOA 4 □ No	rsing Home 5 🗆 Realdence	8 Other (Specify)
ng igation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YE8 2 NO	28d. DESCRIBE HOW INJURY OCCURED
not be	28e. PLACE OF INJURY — At he building, alc. (Specify)	me, farm, street, fa	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

 (Check only	1 🔁 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated

286. SHONATURE AND TITLE OF CERTIFIER 29d DATE BIGNED (Month Day

Dull Kan	House Officer	D 6	/21	19	1
CANADA TO CONTRACTOR AND CONTRACTOR			_		æ

HOSPITAL 3001 S. (BALT) HANOUER



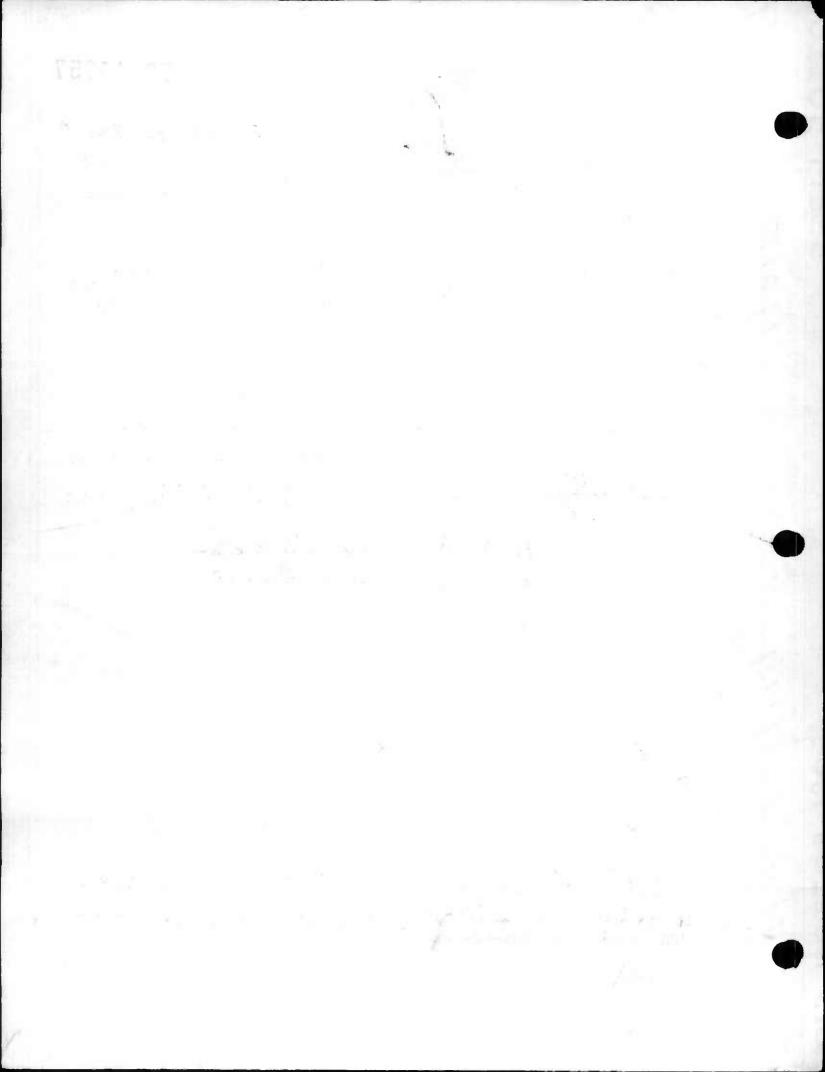
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR		D / DEPARTMENT OF CERTIFICATE OF			REG. NO.
DECEDENT'S NAME (First, Middle, Last) Lily	Dorothy	Воу	le	2. DATE O	F DEATH DAY

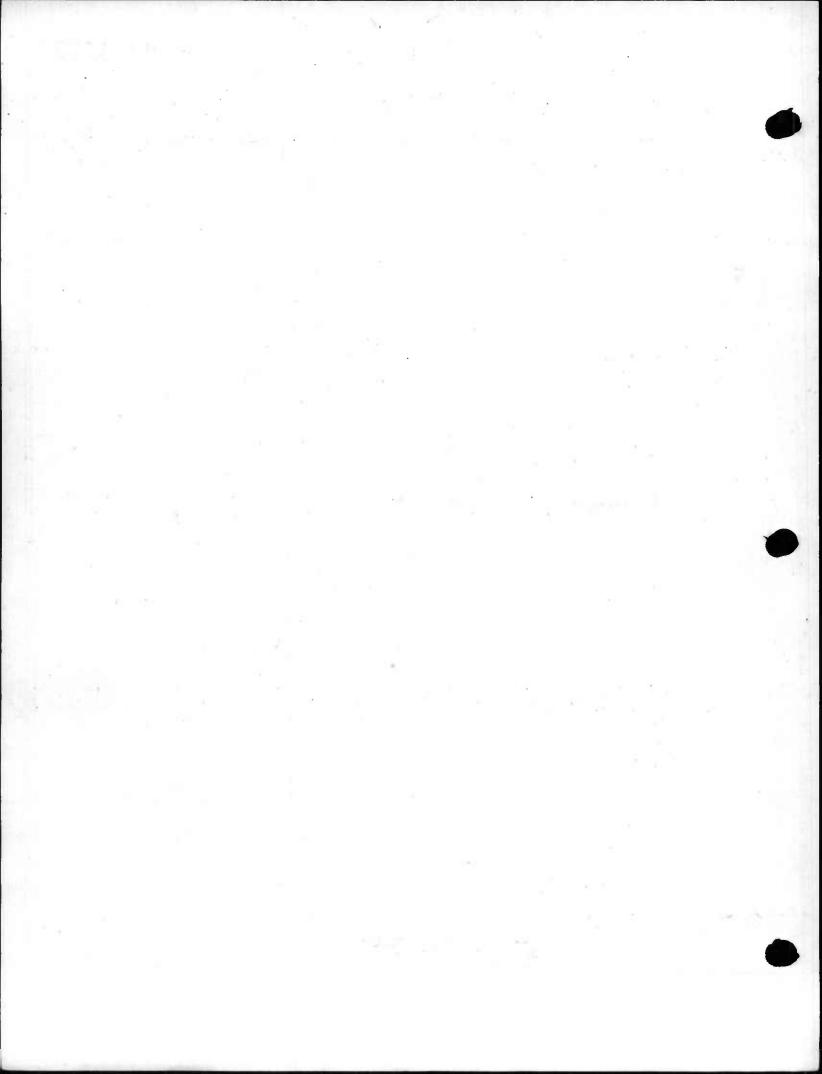
1 - STATE REGISTRAR		SIAIE UF N		RTIF			DEAT		MENINE	REG. NO				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DE	ATH
Lily		Dorothy			1	Boyl	e		MONTH		AY -O	YEAR	7:05	AM
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Inst	birthday	IF UNDER	_	IF UNDER 2		7. DATE (OF BIRTH		8. BIRTI	IPLACE (State or	Fornian
131 - 26 -	8865	1 🗌 M 2 💢 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	July	15,1	900	New	"Jersey	f
9e. FACILITY NAME (If not in				-	9b. CITY,	TOWN O	R LOCATIO	N OF DE	EATH		9c. CO	UNTY OF E	EATH	
Greater Lau		rsing Ho	ne		Law	rel					Pr	ince	George	
RESIDENCE OF DE	10b. COUNT	,,		40. 0177	r, TOWN O					н				
Maryland		Arundel		Law		H LOCATI	ON					-11	10d. INSIDE CI LIMITS?	
100. STREET AND NUMBER		Munuec		Lua	iec	101	ZIP CODE				I 10= C	TIZEN OF	1 TYES 2 WHAT COUNTRY	
2 S. Bruce							20724				log. Ca	u.s		
11. MARITAL STATUS	0.01000		T EVER IN U.S. AR	MED	13 V				VIC ORIGIN	? (Specify Ye	a or No-		E — American In	dien
1 Never Married 2 3 Wildowed 4 Dive		FORCES? 1 IF YES, GIVE V	YES 2 XN	Ю	10.1	yes, spe	cify Cuban 2 NO	Specify	m, Puerto R	lican, etc.)	s or No—	Blec	k, white, etc.	Constitution of the consti
15. DEC	EDENT'S EDU	CATION completed)	16e. DE	CEDENT'S	USUAL OC	CUPATIO	N L of working	,	16b.	KIND OF BU	ISINESS/II	NDUSTRY		
Elementary/Secondary (College (1-4 or 6)		1 20		of worlding							
Grade 12			Hom	emak	er					ome				
17. FATHER'S NAME (First, A										fiddle, Maidei	Sumame			
George Bamm									erge					
Patricia Bo										er, City or To			701	
200. METHOD OF DISPOSIT			20b. PLACE						aure	e, Mar		20 20 - City or To		
1 Buriel 2 Cremati	on 3 KRem	oval from State	other pla	ece)						- 1				6
21. SIGNATURE OF FUNERA		CENSEE	- J Gare	UAI			emete D ADDRES		CILITY	Hau	ucnor	ine,	New Yor	.R
1/1/	110	(1)	11							Home,				
Chille	UF	yxon	felson										and 207	07
23. PART i. Enter the cashock, or h	liséases, of less to the less	complications the List only one car	t caused the de	eth. Do n	not enter	ths mod	de of dyin	ng, suc	h es card	lisc or resp	oiratory :	errest,	Approxi	mste Batween
IMMEDIATE CAUSE (Fi disease or condition resulting in desth)		. Ac	OT AS A CONSECUTION SCHOOL		car	die	0 =	IN	for	An	•			ind Death
		DUE TO	(OR AS A CONSE	DUENCE OF	F):	1	1	Λ	0					
Sequentially list condi-	tions.	P Yrg				Jean	4	A	LAVE	rese-	'			
if sny, leading to imme	diste	DOE TO	(OR AS A CONSE	JUENCE OF	r):								i	
CAUSE (Disease or in)		C	(OR AS A CONSE	BUENCE OF	F):								1	
resulting in death) LAS	ВТ П												ļ	
		6.											+	
PART II. Other signific	ant condition	ns contributing to	death but not r	esuiting	in the un	derlying	ceuse g	iven in	Part I.	24a, WAS A PERFO	N AUTOPS	Y 24	b. WERE AUTOPS!	OR TO
									_	1 TES	2 🗌 NO		OF DEATH?	F CAUSE
									_				1 TES 2 [□ NO
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:		- 1	ОТНЕ		ACE OF DE	EATH (C)	heck only on	•)				
1 TES 2 NO		1 Inpatient 2	ER/Outpetient 3	□ DOA	4 Nun	sing Home	o 5 □ Re	sidence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH 1 Deturn 5	Pending	26e. DATE Of (Month, I		26b. TIM	IURY	_	RK?		28d. DES	CRIBE HOW	INJURY (CCURED		
2 Accident	Investigation		2004		М	1 🗆 Y		NO						
3 Suicide 6 Homicide	Could not be determined	26e. PLACE (building	OF INJURY — At he , etc. (Specify)	me, farm,	street, fact	ory, office				ATION (Stree or Town, Stat		ber or Rural	Route Number,	
290. CERTIFIER												00000		
cost only		ER: On the besis of											(a) and manner a	is stated.
29b. SIGNATURE AND TITL	OF CERTIFIE	4/1/2	in.				29c, LICE	NSE NU	MBER 9/(-	,	29d. D	6/Z	el 9 d	er)
30. NAME AND ADDRESS (F PERSON WI	HO COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	, Print)			-	-		- 1	1		
			27/	/1.		^			,		/) /		3	
31. DATIENFILLED (I MOUTH, OWN	18 Kr	A 32/REGISTA	AR'S SIGNATURE	MU	4 6	dey	= 5	+	40	lue	2,6	no	20707	1



DHMH-18 Rev 1/89

mit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, La	ist)	00	B	001	20.00.10	2. DATE OF DEAT	DAY	YEAR 1991	3. TIME OF DEATH 3.254
4. SOCIAL SECURITY NUMBER	5. SEX	A AGE (In vin	s. last birthday)	IF UNDER 1)	FUNDER 24 HRS.	7. DATE OF BIRTH	of !		PLACE (State or Foreign
181-10-805	1 XM 2 □ F				DAYS HOURS MIN.	12/4/0	3	Country	
9a. FACILITY NAME (If not institution, g		86		AL CITY TO	OWN OR LOCATION OF D			UNTY OF DE	
			**				90.00		
Frostburg Vi	llage Nu	rsing	Home	Fro	ostburg,	Md.		ALLE	gany
10a. STATE 10b. COL			10c. CITY,	TOWN OR	LOCATION	0.1			10d. INSIDE CITY LIMITS?
MD. A	llegany		Bar	cton	, Md. 215	21			1 XXXX 2 NO
100. STREET AND NUMBER BA	rton Md	215	21		101. ZIP CODE		10g. CI	TIZEN DF W	HAT COUNTRY?
KFD #1 Da	reon, na	. 217	21		21521			USA	
1. MARITAL STATUS	12. WAS DECEDEN				S DECENDENT OF HISPA			14. RACE	- American Indian,
1 Never Married 2 XM rried	FORCES?	MAR OR DATES	XXo		YES 2 NO Specific		.)		white, etc.
3 Widowed 4 Divorced					2111				
15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	164	Give kind of w	USUAL OCC	UPATION ing most of working	16b. KIND OF	BUSINESS/II	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Coal 1			Coa	1 Mir	nes	
NM			COAL	TITLE	_				
17. FATHER'S NAME (First, Middle, Last,					18. MOTHER'S NA	Moses	Reem ?	a n	
Noah Beema	11				Hary	повев	Deeme	***	
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING		Street and Number or Rurel			Zip Code)	
Donald Beema	n		RFI	D #1	Barton,	Md. 215	21		
28m/METHOD OF DISPOSITION 413 Burial 2 Cremation 3 1	Commel from State	20b. PL	ACE OF DISPOSI	ITION (Name	of cometery, cremetory or wn Memori	21 Card	LOCATION -	- City of To	ale Md.
4 Donation 5 Other (Specify)	Terroyal World Otala	_	er place Res						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE							4	The same of the
	LUCENSEE	1.0		22. NA	ME AND ADDRESS OF F	MCILITY Boal	Warı	nick	Funeralh
23. PART I. Enter the diseases, shock, or heart fells IMMEDIATE CAUSE (Final disease or condition	W. War			11	1 Church	St. Wes	tern	port	Approximate interval Between
shock, or heart fells IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications there. List only one can	O COR AS A CO	HOLE OF HEROUGH OF THE PROPERTY OF THE PROPERT	ot anter the	1 Church ne mode of dying, sur Arrest ant general Language	St. Wes	espiratory a	port	Approximate interval Between Onset and Deat
shock, or heart fello IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications there. List only one can	O COR AS A CO	HOLE OF HEROUGH OF THE PROPERTY OF THE PROPERT	ot anter the	1 Church ne mode of dying, sur Arrest ant general Language	St. Wes	espiratory s	port	, Md.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be remarked to a manager.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mouth of the funeral director, page 5 mouth of the funeral director page 5 mouth of t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled.

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	1 - FOR STATE REGISTRAR	STATE OF I	/MARYLAND /			OF HEALT		MENTAL	HYGIENI REG. NO.	E			
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	Barl	oara			Baker			Jun		, 199	90 2	2:20PM	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HRS.			T		ACE (State or Foreig	ign
	219-54-3001	1 🗌 M 2 💢 F	95	YRS.	MONTHS	DAYS HOUR	MIN.		Day, Year) /189	5	Country)		
N.	90. FACILITY NAME (If not institution, give st Maryland Gener	ital			rown on Local ltimor		DEATH	,, 103		ITY OF DEAT	Н		
DIRECTOR	RESIDENCE OF DECEDENT												
12	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION					10	d. INSIDE CITY LIMITS?	
	MARYLAND			BA	LTIMO	ORE C	YT				X	YES 2 NO	0
FUNERAL	10s. STREET AND NUMBER					10f. ZIP C	DOE			10g. CITIZ	ZEN OF WHA	T COUNTRY?	
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	1 Never Married 2 Married	FORCES? 1	YES 2 X	ЙО		yes, specify Cu			can, atc.)		Specify:	nite, etc.	
BY	3 Widowed 4 Divorced										WHIT	E	
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SNI .	Elementary/Secondary (0-12)	College (1-4 or 5	- Ma	. Do NOT u	se retired.)	ining most or wo	nung						
题			·										
	17. FATHER'S NAME (First, Middle, Lest)		···········		9	18. M	OTHER'S N	NAME (First, Mi	ddle, Maiden	Surname)			
88	19a, INFORMANT'S NAME (Type/Print)		19	b, MAILING	ADDRESS	Street and Num	ber or Run	al Boute Numbe	r, City or Town	, State, Zip	Code)		
2	KAREN DEFONTES	(ADMN	.)	GRA	NADA 7 T TI	NURS BERTY	LNG	HOME	7775-	BAL	TIMO	RE, D 2120	7
	20a, METHOD OF DISPOSITION					e of cemetery, o					City or Town.		_
	1 M Buriel 2 Cremation 3 Remo	oval from State	other pl	lece)									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEF A	WES	TER		AR CEN			CAT	UNSV	ILLE	, MD.	
		()	. 1-		44.14	WIL VIED VED		PACILITY					.
	Merous	, Krie	tt		46	EROY (BER	TY HE	CIGHT	S AV	ENUE		
	23. PART I. Enter the diseases, or c	omplications the	t caused the de	eeth. Do	46	500 L	BER	TY HE	CIGHT	S AV	ENUE	Approximate	0
	shock, or heart failure.	complications the	It caused the deuse on each fine	eeth. Do	46	500 L	BER	TY HE	CIGHT	S AV	ENUE		e ween
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Christopher Wong, M.D c/o Maryland General HOspital

31. DATE FILED (Month, Day, Year)

JUN 2 5 1990 32. REGISTRAR'S SIGNATURE

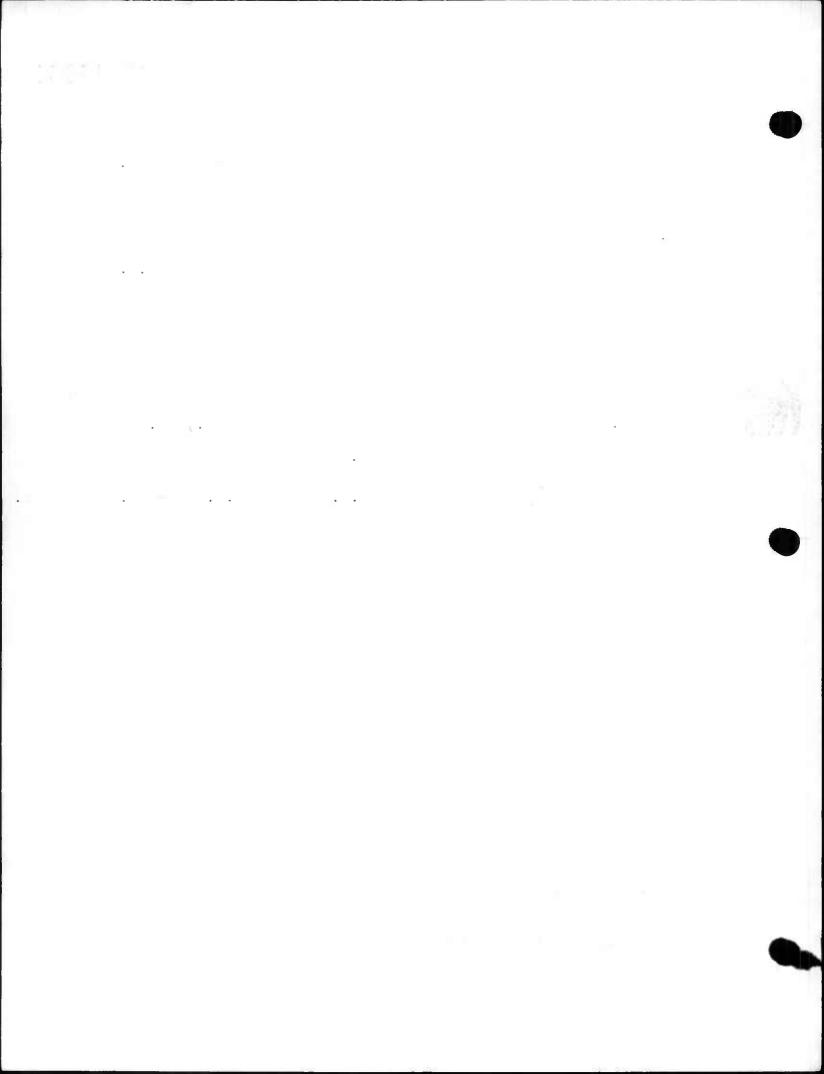
ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	al examiner must ne notified at once.	- A. T. A.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the fined within 20 hours after death with the State hear, of Health and Mental Hydielle prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be additional and once.	
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	1 - STATE REGISTRAR	STATE OF MARY			OF DEA		MENIA	REG. NO.	<u> </u>		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			. TIME OF DEATH
	EDNA	BROI	wN				MONT		1000	EAR	9:10 P M
	4. SOCIAL SECURITY NUMBER		GE (in yrs. last birthday)	IF UNDER	1 YEAR IF UND	ER 24 HRS.	7. DATE	OF BIRTH	8. 1	BIRTHPL	ACE (State or Foreign
	220-54-6309	1 - M 2 F Q	1 YRS.	MONTHS	DAYS HOURS	MIN.	(Mont)	h, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give	T	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						YTH .		
œ	GRANADA NUR							9c. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	SING HOME		D	ALTIMO	RE C	TTY				
EC	10e. STATE 10b. COUNT	Y	10c. CI	TY, TOWN O	R LOCATION					1	od. INSIDE CITY
뜸	MARYLAND			RAT.T	IMORE	стту	,			- 1	LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CO				10g. CITIZEN		AT COUNTRY?
FUNERAL	GRANADA N.H. 4	1017 TTDDD	שע שכשכ	7, 177	E 2	1207	1		111	SA	
N.	11. MARITAL STATUS	42 WAS DECEDENT EVE	O IN H.C. ADMED		MAS DECENDENT			N? (Specify Yee			- American Indian.
	1 Never Merried 2 Merried	FORCES? 1 V	ES 2 NO	1	f yes, specify Cut	en, Maxice	n, Puerto			Bleck, 'Specify:	- American Indien, White, etc.
BY	3 Widowed 4 Divorced	ir res, dive ton or	H DAIES		YES 2 X NO	a openi	у.			WHT	
G	15. DECEDENT'S EDU		16a. DECEDENT				161	. KIND OF BUS			
E	(Specify only highest grade Elementary/Secondary (0-12)	e completed) College (1-4 or 5 +)	(Give kind of	l work done o use retired.)	during most of worl	king					
P											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First,	Middle, Maiden	Surname)		
EC	· ·										
0	fsa. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS	(Street and Numb	er or Rural I	Route Num	ber, City or Tow	n, State, Zip Coo	de)	
2	KAREN DEFONTE	ES (ADMN.)			NURSI				7 LIB		
E.	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPO				ALT	7.7	CATION — City		21207 n. State
9	4 Donetion Donetion 3 Ren	noval from State	other place) WESTER			-	v	CA	PONCY	TTT	E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	MESIEK		NAME AND ADDR			CA	TONDA	1.111	D. PID.
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	Mervy	U, My	HOU.	4	600 LI	BERT	Y H	EIGHT	SAVE	NUE	
	23. PART i. Enter the diseases, or	complications that chu. List only one cause	and the death. Do	not antar	the mode of d	lying, suc	ch aa car	diac or reapl	ratory arreat	t,	Approximata
	arroad of malage terraro.										intarvai Batween
	IMMEDIATE CAUSE (Final									í	interval Between Onset and Death
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z	disease or condition resulting in death)			ordi or:	al lin	fore	CHN	SUSP	eoleo	.j	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	3	supportant: is then 20 to morked or item 23 shows any injury or other traumatic event the medical examiner me

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND N	MENTA	L HYGIENE REG. NO.			10501
ļ	DECEDENT'S NAME (First, Middle, Last) Henry		Bowman			2. DATE MONTI 6-1	of DEATH DAY	YE	AR	2:00AM M
		M 2 🗆 F	70 YRS. MON	UNDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	4Month	OF BIRTH 2009, 1947)	9c. COUNTY	Country)	CE (State or Foreign Carolina
TOR	1020 Wicklow Road	and numbery			timore C			32. COON11	OF DEAT	·
DIRECTOR	MD a 106. COUNTY			wn or located timo:						I INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1020 Wicklow				21229				.S.	
B⊀	11. MARITAL STATUS 1 Never Married 2 T Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN scify Cuban, Maxica 2- NO Specify	n, Puarto I			Black, W	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5+)	Give kind of work life. Do NOT use rel Retire	done during mo ired.)	ON at of working	16b	. KIND OF BUSI			
E COMF	17. FATNER'S NAME (First, Middle, Lest) Ja	mes Bowmar			16. MOTHER'S NA			umame)	VCI	
TO BE	19a. INFORMANT'S NAME (Type/Print) Helen E. Bowma		1020	Wick	nd Number or Rurel F low Roa		alto.,	MD.	212	
	20a. METHOD OF DISPOSITION 41. Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!	Mem.	(Name of cemetery, cremetory or Park Arbutus 22. NAME AND ADDRESS OF FACILITY					Stota		
	laruta Secto #281 E.L.Phillips F.H. 1721-27N. Monroe S								Monroe S	
	23. PART I. Enter the diseases, pr co- shock, pr heert feliure. Li IMMEDIATE CAUSE (Final disease pr condition resulting in death)	Hypertensi	ich line.							Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL	PART II. Other algorificant conditions Gout	ha underlyin	g cauae given in	Part I.	24a, WAS AN A PERFORM 1 VES 24 INSPEC	MED?	CO DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES XX NO		
PHYSICIAN:		HOSPITAL:		THER:	LACE OF DEATH (Ch					
ву РНУ	27. MANNER OF DEATH XIX Natural 5 Pending	28b. TIME O	F 28c, IN.	URY AT DRK? YES 2 NO		SCRIBE NOW IN	JURY OCCUR	NED	_	
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State) 26f. LOCATION (Street and Number or Rural Route Num City or Rown, State)						Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know							ause(a) ar	nd manner as stated.
TO BE C	20h, SIGNASTINE AND PILE OF CERTIFIER				29c. LICENSE NUI	MBER			igned (M 18 – 9	Onth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO Frank Peretti, MI)	111		treet,BA	ltim	ore,MD	21201		VC
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							



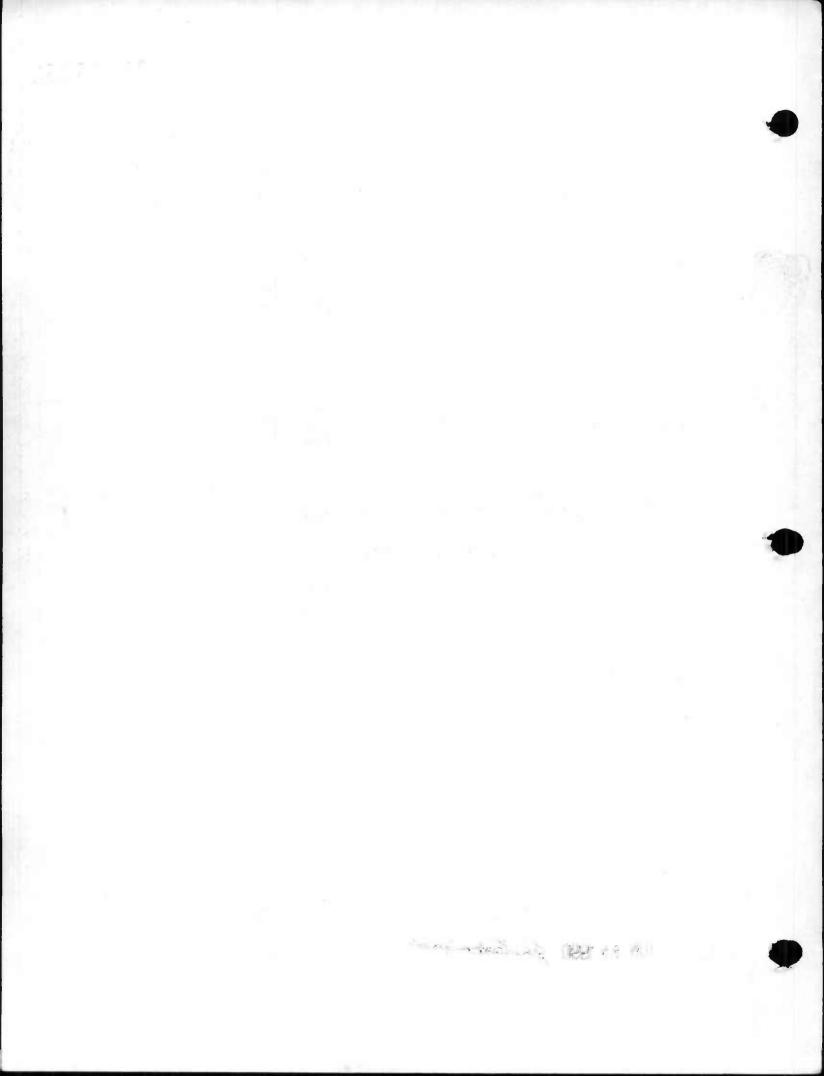
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HOSPITAL	FUNERAL	TANT: H
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached in use in the fulfill to the funeral director, page 5 should be detached in use in the fulfill to the function of the function of the fulfill to the function of the function of the fulfill to the function of the function of the fulfill to the fulfill to the fulfill to the function of the fulfill to the ful	De lied Within 12, INCUS after Death with the State Copy. Or regard and mental hybric province with the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-314 irs after death. Page 6 may be retained by the hospital or attending

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	* REGISTRAR		CERTIF	ICATE	OF DEA	AIH	REG. NO) <u>.</u>			
į	1. DECEDENT'S NAME (First, Middle, Last) ROSa	osa v BOTTEON June 16, 1990								4:35 P M	
			(In yrs. lest birthday)	MONTHS E	EAR IF UNI	DER 24 HRS. 8 MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 1	Country)	CE (State or Foreign	
1	9a. FACILITY NAME (If not institution, give street			9b. CITY, TO	OWN OR LOC		Sept.21.1		Italy		
OR	Franklin Square Ho	ospital		Ros	sville	2		Balt	imore		
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y. TOWN OR	LOCATION					I. INSIDE CITY	
DIR	Md .		E	Baltim					1 [YES 2 NO	
FUNERAL DIRECTOR	3610 Bayonne Avenu	1e			212			USA	EN OF WHAT	COUNTRY?	
ВУ	11. MARITAL STATUS 12 1 Never Married 2 Married 3 XWidowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO	Ну		uban, Maxica	IC ORIGIN? (Specify You, Puerto Ricen, etc.)	a or No—	Specify:		
COMPLETED	15, DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON apleted) college (1-4 or 8+)	16a. DECEDENT'S (Give kind of Ma. Do NOT u Homema	work done dur se retired.)	UPATION ing most of wo	orking	18b. KIND OF BU	JSINESS/INDL	ISTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) John Piccoli				18. M	other's NAI Maria	ME (First, Middle, Maide	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Raymond Lewis		3610	Bayon	ne Ave	enue B	Baltimore,	Md. Zip	21206		
	20a. METHOD OF DISPOSITION 1.X. Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or MoSt Flory Page) No St Flory Redeemer June 20, 1990 Baltimore, Md.										
	James F. Gladde	Laures J.	bladdur	22. NA	me and add			305 Ha	arford	Rd.21214	
	23. PART I. Entar tha diseases, or com ahock, or haert fellure. List IMMEDIATE CAUSE (Final	plications that ceuse	d the deeth. Do	not antar th		dying, auc	h aa cerdiac or rea	piretory erre	est,	Approximata Interval Between Onset and Daath	
NO	Sequentially list conditions, Arteriosclerotic Cardiovascular Disease										
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTIF	that initieted events resulting in deeth) LAST d.										
EDICAL CERTIFICATION	Fracture of left femur								RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE		
2	Pneumonia OFDI									DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
YSIC	1 🖒 YES 2 🗆 NO 1	OSPITAL:					8 Other (Specify)				
ву РН	27, MANNER OF DEATH 1 X Netural 8 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	Bc. INJURY AT WORK? 1 YES		28d. DESCRIBE HOW	INJURY OCC	URED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		street, factor	y, offica		281. LOCATION (Stree City or Town, State		or Runal Rout	Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0	N: To the best of my known the bests of examination								d manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c.	LICENSE NUI	ABER	29d. DATE	SIGNED (M	onth, Day, Ybar)		
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATH (ITEM 27) (Tun	e, Print)					6/	19/90	
	Ira Gubernick ,	MD 1050	01d No	rth Po	int Ro	oad, E	Baltimore,	MD 2	21224		
	31. DATE FILED (Month, Day, Year) JUN 25 1990	32. REGISTRAR'S SIG	on Andres							d	
		0								DHMH-18 Rev 1/89	

DHMH-18 Rev 1/89



REG. NO.

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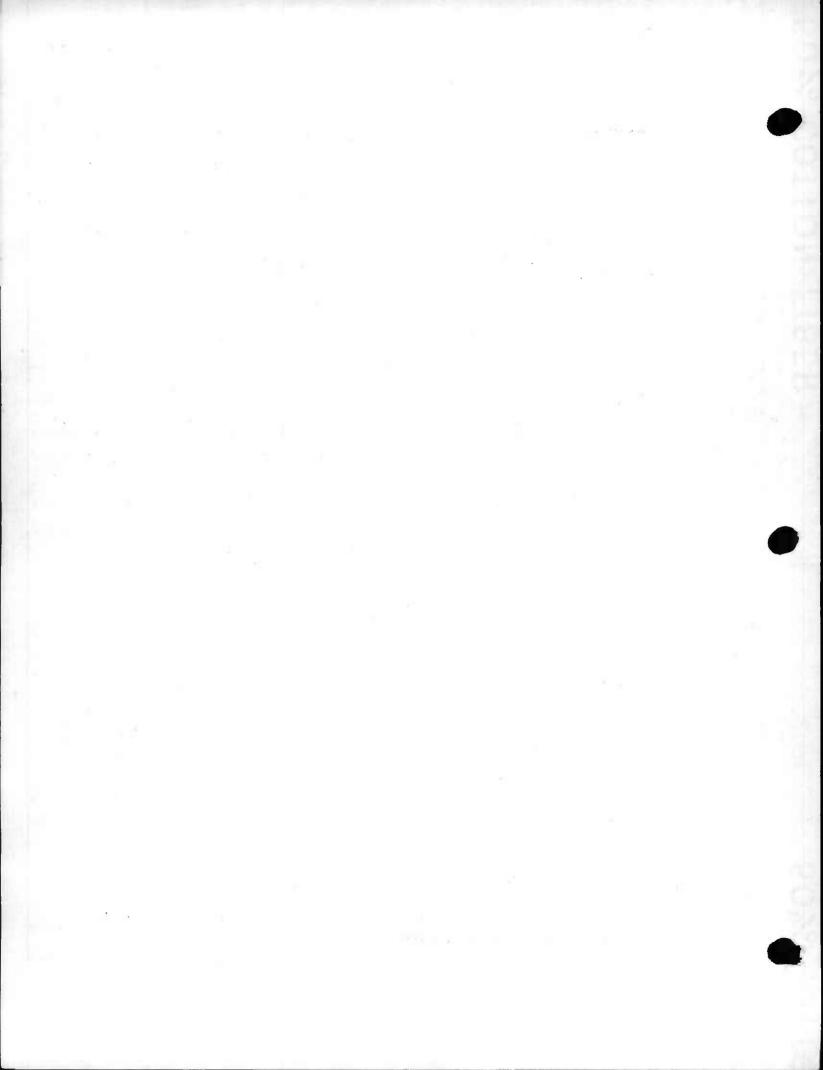
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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nathaniel C. Cowlin DAY 21 151 CH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 22-8-14-6595 DAYS 1 M 2 F Va 608 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY OF MARYLAND MEDICALS FROM DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Ba Ito MO BAITIMORE CITI Dermit. 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1(33 BENTALOU ST. 21216 USA for use as the burial-transit ital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, apecify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 21203-3146 1 Never Married IF YES, GIVE WAR OR DATES BY BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First. Mi Nathanie BE 19a. INEORMANT'S NAME (Type/Print) 2 enta nours after death. Page 6 may be signed by the attending physician and completely filled in by the funeral director, page Health and Mental Hygiene prior to burial, cremation, or removal. 20a, METHOD OF DISPOSITION Pe 20b. PLACE OF DISPOSITION (N must Buriel 2 Cremetion 3 Rem Cer Donation 5 - Other (Specify) ENAL SERVICE LICENSEE examiner Ave medical 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** ahock, or heart fallure. List only one cause on each line. Interval Between **Onaet and Death** IMMEDIATE CAUSE (Final the disease or condition MYOCARDIAL INFACTION event. reaulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): HYPO TENSION traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause, Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO METASTATIC CANCER 23 shows any COMPLETION OF CAUSE 1 TYES 2 TO OF DEATH? 1 | YES 2 | NO has been Dept. of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem After this certificate death with the State HOSPITAL OTHER: 1 YES 2 NO 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 9 27. MANNED-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Naturel 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 L DIRECTOR: A hours after d 6 Could not be COMPLETED 4 Homicide 28 **fetermined** Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIELD WITHIN 72 HIMIN 12 HIMIN 12 HIMIN 12 HIMIN 12 HIMIN 15 HIMIN 1 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE tems 4/21/90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MGARTE 22 S. GREEN ST BA270, M.D marcos 21201 32. REGISTAR'S HIGHATURE 31. DATE FILED (Mant) DIN 1882 5 And All

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



I or attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOTE, MARYLAND 21203-3146

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Death	fune	DONO
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Proceeding the pospital	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral three parts of Health and Mental Hydiene prior to burial, cremation, or removal.	and the control of th
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI				IENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)		O L I I I I				2. DATE OF DEATH			TIME OF DEATH
Stephanie A. Coo	nk					June 22.	1990	EAR 3	:00 PM
4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year)	8.		CE (State or Foreign
217-15-9723		7 YRS.	MONTHS DAY		MIN.	Oct. 13,	1972 M	laryl	
9a. FACILITY NAME (If not Institution, give st 7616 Marcy Drive				Burnie		KTH	9c. COUNTY		
RESIDENCE OF DECEDENT			Gren	burnie			Anne	Aru	nde I
10a. STATE 10b. COUNTY		10c, CITY	Y, TOWN OR LO	CATION				100	I. INSIDE CITY LIMITS?
Maryland Anne	e Arundel	G1e	en Burr	ie				1 [YES 2 NO
100. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEI	N OF WHAT	COUNTRY?
7616 Marcy Drive				21061			U.S.A	1 4	
11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2XX10	If yes,	specify Cuban,	Mexican	C ORIGIN? (Specify Yes , Puerlo Rican, etc.)	or No 14	Black, WI	American Indian, nita, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	101	ES 2X NO	Specify:	•		Specify:	hite
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S		KTION most of working		16b. KIND OF BUS	SINESS/INDUS		11.65
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	most or working					
12		Student	t			Educa	tion		
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden	Sumame)		
Raymond G. Cook		1	200110). Dodson			
198. INFORMANT'S NAME (Type/Print) Raymond G. Cook						bute Number, City or Tow		100	
20a, METHOD OF DISPOSITION	201	PLACE OF DISPOS				Burnie.	MD 21 CATION — CIE		State
1 X Burial 2 Cremation 3 Remo	oval from State	other place) Glen Have					n Burn		
21. SIGNATURE OF FUNERAL SERVICE EX		ATCH HUYC	22. NAME	AND ADDRESS	S OF FAC	YTLIK			
+ Ash al	2 LLX		Kir	kley F	uner	ral Home	lan Du	mnio	MD 21061
23. PART I. Entar tha diseases, or o			not anter the	mode of dyin	g, such	as cardiac or respi	iratory scres	t,	Approximata
shock, or heart fallure. iMMEDIATE CAUSE (Final	List only one cause on a	ech ilna.							Interval Between Onset and Death
	Metas	tatio =	dono	CACCI	101	m2			11/80
	DUE TO (OR AS	CONSEQUENCE OF	F):						1/
Sequentially list conditions,	b. OHE TO (OR AS	CONSEQUENCE OF	D.						
if any, leading to immediata cause. Entar UNDERLYING	OUE TO (OH AS	CONSEQUENCE OF	r)-						
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF	F):						
resulting in death) LAST	d								
PART ii. Other aignificant condition	e contributing to death i	ut not requiting	In the under	don cause of	han in I	Part I. 24s, WAS AN	AITTOREY	Tash WE	RE AUTOPSY FINDINGS
PART II. Other agrillicant condition	e contributing to death i	out not resuming	ili die dildeli	ying cause gi	ven an	PERFOR	RMED?	AW	MLABLE PRIOR TO
						1	X NO	OF	DEATH?
						_		1 (YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF DE	ATH /Che	ack only one)			
EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out	nationt 3 DOA	OTHER:	. /		6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	- Country	28d. DESCRIBE HOW	NJURY OCCU	RED	
1 Netural 5 Pending	(Month, Day, Year)	INJ	JURY 1	WORK? YES 2	NO				
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	/ — At home, farm,	street, factory, o	office		28f. LOCATION (Street		Rural Route	number,
4 Homicide detarminad	building, etc. (Spe	City)				City or Town, State)			
29a. CERTIFIER (Check only 1	CIAN: To the best of my know	riedge, death occurr	ed at the time,	date and place,	and due	to the cause(a) and ma	nner as stated		
one)	R: On the basis of examination	n and/or investigation	on, in my opinia	n, death occure	d at the	time, date and place, ar	nd due to the	cause(a) an	d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	3 0			29c, LICE	NSE NUN	IBEA	29d. DATE S	SIGNED (Mo	onth, Day, Year)
Linda MX	mund		MD.	D.	390	276	D 6	0/2:	3/90
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	ATH (ITEM-27) (Type	, Print)					1	
hinda M Smith	Kesar John	s Hopkins	s Hosp	ibl, 6	00	N. Wolfe S	t. Bal	KiNO	R.MB
JUN 25 1990 40	La DEWINDER	45.00	•						

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mount	the processes are an and a state and Carda has been stated by the other schools are and contribute filled in
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DIVISION OF VITAL RECORDS, 1.C. DOA 13140,	A	200
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		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH O DAY YEAR O DAY O D									
		Peggy	A.		Conyer			6-19-90		9:25PM M	
ľ		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	-	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign ntry)	
용		295-82-3096		39	YRS.	A CITY TOWN	OR LOCATION OF R	1-630	7	N.C.	
2, 3 should	OB	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH Baltimore City									
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
F. 23		MD.		E	Alta	>1			1 YES 2 NO		
burial-transit permit.	FUNERAL	100. STREET AND NUMBER 558 Robert Street 21217 US									
Ftrans	NS.	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF		13. WAS DE	2/2/ CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14. RM	American Indian,	
華	BY FI	1 Never Merried 2 Merried 3 Never Merried 2 Neverled		MAR OR DATES	NO		pecify Cuban, Mexic S 2 12 NO Speci	an, Puerto Ricen, etc.)		ick White, etc.	
use as	8	15. DECEDENT'S EDUC (Specify only highest grade		(G	live kind of wo	SUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUSTRY		
ğ	COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5	+)	1 Ker		d				
in by the funeral director, page 5 should be detached removal. redical examiner must be notified at once.	ш	17. FATHER'S NAME (First, Middle, Lest) GARDEN I	Baptis	+		1 7	16. MOTHER'S N.	AME (First, Middle, Malden		Harris	
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	DANE	19	MAILING A	Bobs	end Number or Rural	Route Number, City or Tow		21217	
ector, page must be		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State	other p	lace)		emetery, crematory or	20c. LC	CATION — City or	Town, State	
direc		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- W.	ester	1	TAC C	ACILITY ACILITY	ATONSVII	H AVE	
ne funeral dir al. examiner		· Wm C.	Brow	~		WM	C.B	STOWN (20mmu	Nity F. H.	
d in by th or remova medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between									
DOE		IMMEDIATE CAUSE (Fine) disease or condition FATTY LIVER									
crema rent,		resulting in deeth) a. FALLI DIVER DUE TO (OR AS A CONSEQUENCE OF):									
anding physician and completely fille Hygiene prior to burial, cremation, or other traumatic event, the	N	Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF):									
ending physician an I Hygiene prior to to or other trauma	CERTIFICATION	cause. Enter UNDERLYING									
g physiene p	IFIC	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):									
	ERI	resulting in deeth) LAST									
ned by the attending I th and Mental Hygien any injury, or oth		PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO									
Health and SWS arry In	AEDICAL	Completion of Cause of Death?									
of Heal	-							<u> </u>		XXX YES 2 □ NO	
has b Dept.	AN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	Check only one)			
inficate State	SICI	EXAMINER? XXXES 2 \(\text{NO} \)	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)			
this cer with th	/ PHY	27. MANNER OF DEATH XXXNetural 6 Pending Investigation	28e. DATE Of (Month, I	F INJURY Day; Year)	28b. TIME INJU	RY V	IJURY AT ORK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURED		
FUNERAL DIRECTOR: After this certificate has been within 72 hours after death with the State Dept. of TIANT: If Item 28 is marked, or Item 23 sho	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h	ome, farm, str	reet, factory, of	lce	281. LOCATION (Street City or Town, State		al Route Number,	
HRECTI Durs at		te. centure									
WERAL C Nin 72 h VT: W N	COMPLE	Check only 1 CERTIFTING PHYSI						ue to the cause(s) end mu na time, deta end piace, e		e(s) end manner es stated.	
TO THE FUNERA be filed within 7.	BE	25% SECHNIUM CHO TITLED CONTURES	4				29c. LICENSE NO	UMBER CME		ED (Month, Day, Year) -20-90	
-1-	2	38 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	USE OF DEATH (IT	EM 27) (Type, I	Print)					
		Frank Peretti,MI)		11:		Street,E	Baltimore, M	D 21201	VC	
		Frank Peretti,MI 31. DATE FILED (MONTH OF 199) 25 199	32. REGISTR	TAR'S SIGNATURE		1 Penn	Street, E	Baltimore,M	D 21201	VC	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

212-70-6225

Michael

9a. FACILITY NAME (If not institution, give street and number)

Eric

1 X M 2 - F

5. SEX

3. TIME OF DEATN

10:50

White

21211

Approximate

Interval Between

Onset and Death

6. BIRTHPLACE (State or Foreign

Maryland

AM

90

9c. COUNTY OF GEATN

2. DATE OF DEATH

7. DATE OF BIRTN

4/17/61

6

DAY

23

AND 21203-3146

BOX 13146, ö ۵. the death RECORDS, MP DIVISION OF VITAL 트 OR ATTENDING

HOSPITAL

DIRECTOR Sinai Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1529 Union Avenue 21211 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puario Rican, etc.) 1 Never Married 2 Married 1 TYES 2 X 100 Specify: BY 3 Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) Climber Tree Trimming 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Meredith E. Crutchley Son ja Engle Ħ BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sonja Phillips 3607 Ash Street Baltimore, Maryland 21211 2 20a, METNOD OF DISPOSIT 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata must Woodlawn Cemetery Woodlawn, Maryland 4 Donation 5 Othe 22. NAME AND ADDRESS OF FACILITY BURGEE HENSS FUNERAL HOME examiner 3631 Falls Road Baltimore, MD. medicai 23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel the disease or condition Multiple Stab Wounds resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 5 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any signed Health a YES 2 NO OF DEATH? 1 YES 2X NO has been Dept. of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) r this certificate h term HOSPITAL: OTHER: 1 XYES 2 NO Inpatient 2 M ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27 MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 X Pending subject stabbed himself 8:20 PM 1 YES 2 NO 6-22-90 В After t 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide DIRECTOR: A hours after d ED City or Town, State)
1521 Union Ave. Balto, Md. 4 Nomicide Home Щ 29a CERTIFIER COMPL 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL within 72 I IMPORTANT: IL 2 MEDICAL EXAMINER: On the estigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 286 SIGNATURE AND TITLE OF CENTIFIER 29¢ LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE 물목물 6/23/90 **OCME** -223 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn St. Baltimore, Md. 21201 Mario F. Golle, M.D. 32. DEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

Items:23 part I,27,28a,b,c,d,e,f
FOR STATE per ME 7/13/95TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Film G-665 reb CERTIFICATE OF DEATH
REG. NO.

8. AGE (In yrs. last birthday)

Crutchlev

29 YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY. TOWN OR LOCATION OF DEATH

DAYS

DHMH-16 Rev 1/89

203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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2000		must
וחופוסו חו	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) A/CATHIA CORBIN 2. DATE OF DEATH MONTH DAY (2.73/90 1813 M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)									
	70 / 70/									
TOR	SINAI HOSP. OF BACTIMENE BACTIMENE BACTIMENE BACTIMENE BACTIMENE BACTIMENE									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Mol. BALT. CITY BALTIMORE 1 Pres 2 □ NO									
FUNERAL	100. STREET AND NUMBER 2319 NO. Ellamont St. 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 212/6 USA									
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Becondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15b. KIND OF BUSINESS/INDUSTRY									
JMP.	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BE CO	SANKA EARL CORBIN MABEL G.CORBIN									
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	BARBARA ANN LAWSON 2319 N. ELLAMONT ST: BALTO., MD. 21216 20e, METHOD OF DISPOSITION 1 Disputal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State									
	4 Donation 5/0 Other (Specify) WOODLAWN CEMETERY BALTIMORE, MARYLAND									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME									
	23 PART I. Enter the discusses, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, anock, or least feiture. List only one cause on each line. Approximate									
	Once and Death									
	reaulting In death) a. Jeysus AROS Accessor Real Facture Due to (or as a consequence of):									
N	disease or condition reaulting in death) Sepsis ARDS Acute Reval Failure Due to (or as a consequence of): Perfera 7 m of Colonic Divertidum Due to (or as a consequence of): Perfera 7 m of Colonic Divertidum Due to (or as a consequence of): Cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO OR as a CONSEQUENCE OF): C. Succession of the colonic Divertidum of Colonic Divertidum Due to (or as a consequence of): Cause (Disease or Injury) OUE TO OR as a CONSEQUENCE OF):									
CERTIFICATION	of any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Have a consequence of: Letter UNDERLYING									
IFIC	that initiated events									
CER	reaulting in death) LAST									
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO									
MEDICA	HTV. AS CUD, ASTMA. PERFORMED? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO									
	H7 P H3 COD , H3 I M/A ,									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
IX	1 VES 2 NO 1 Prince 1 Competient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
BY PI	1 Netural 5 Pending (Month, Day, Year) NJURY WORK? 2 Accident Investigation									
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of aximination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. OATE SIGNEO (Morgiti, Day, Year) 6(23/80									
2	Afraine. M. D. 9342 Resident 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hans o Grints M. Q. Sinn; Hosp Brit. Md.,									
	HAROLD VAINES 19-0 SINA; TTOSP ONLY, MA,									

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OI	F DEAT	TH		REG. NO.

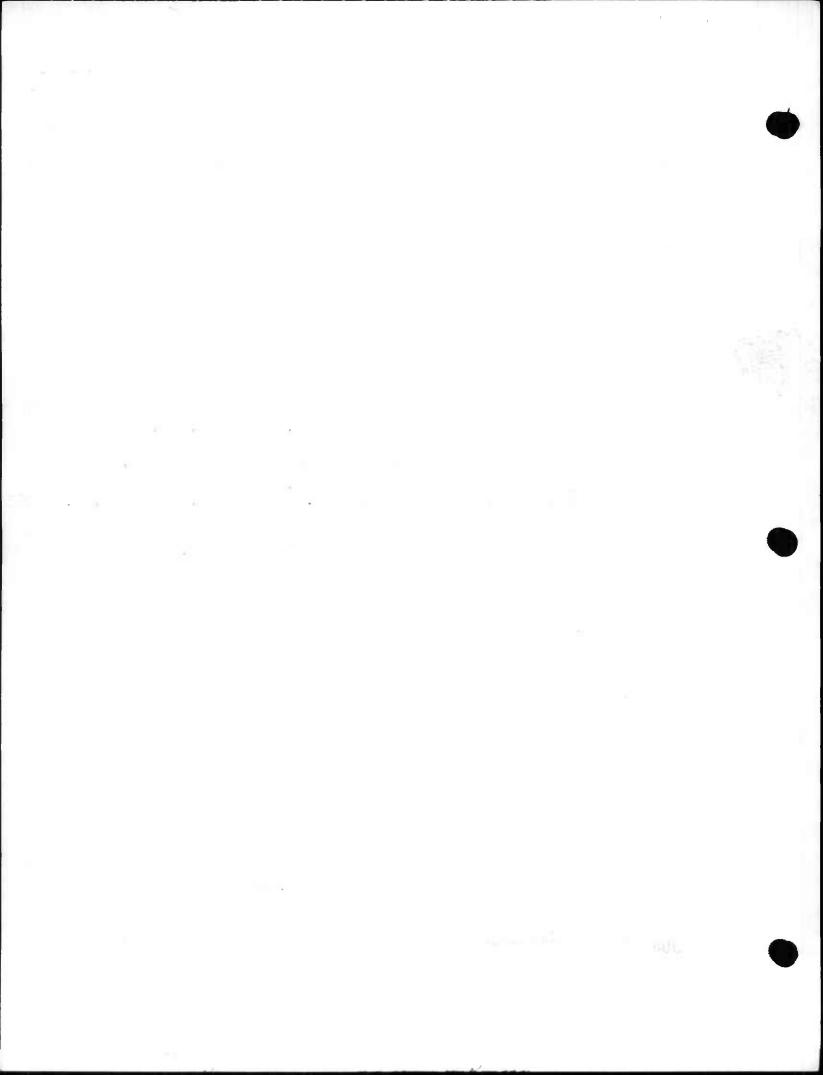
1 - STATE REGISTRAR			NT OF HEALTH AND ! FE OF DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Lamin	· Tel	rell .	CARTER	2. DATE OF DEATH MONTH	DAY 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yr.	s. last birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Monty, Day, Yes)		OURTHPLACE (State or Foreign- Country) SA MS
9a. FACILITY NAME (If not institution, give stree AN UVEYS IT OF MO RESIDENCE OF DECEDENT		pital %	TY, TOWN OR LOCATION OF DE	ATH /	9c. COUNTY	OF DEATH
10e. STATE 10b. COUNTY		10c. CITY, TOWN	Horacotion Cid	Ly		10d. INSIDE CITY LIMITE? 1 S 2 NO
100. STREET AND NUMBER 734W. Faye He	Apt 306	Balto.	101. ZIP CODE 21201	1	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DÉCEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₽ 40	3. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexice 1 YES 2 NO Specify	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUCAT (Specify only highest grade core Elemantary/Secondary (0-12)	TION 164 mpleted) College (1-4 or 5 +)	B. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	16b. KIND OF B	USINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last)	Bek Pee	d	18. MOTHER'S NA	ME (First, Middle, Melde	-	R
190. INFORMANT'S NAME (Type/Print)	ch	19b. MAILING ADDRI	ESS (Street and Number or Rural I	Route Number, City or To	-33	
20a. METHOD OF OISPOSITION 1 Deuriel 2 Cremetion 3 Remova	20b. PL	ACE OF DISPOSITION per place)	(Name of cemetery, cremetory or		OCATION — City	
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1:	22. NAME AND ADDRESS OF FA	-	-///-	,,,,,
Betts F-	-unenal 1	tome	1129 NC	Arolin	554	_
23. PART I. Enter the diseases, pr corahock, or heert fellure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)		ine. Hea	ter the mode of dying, euc WH Failuve		piratory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	0-303,007,	7			
PART II. Other significant conditions	contributing to death but a	not resulting in the	underlying cause givan in		IN AUTOPSY ÖRMED? 2 - NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PAO
	10SPITAL:	nt 3 DOA 4 D	28. PLACE OF DEATH (Ch IER: Nursing Home 5 - Rasidence			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME DF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOV	INJURY OCCURI	ED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	tactory, office	28t. LOCATION (Stree City or Town, Sta	it and Number or F le)	Rural Route Number,
cond only	_		ne time, date end place, end due ny opinion, death occured at the			ouse(e) end manner ee atated.
296 glGMATURE AND TITLE OF CERTIFIER	urveva	10	29c. LICENSE NUI		1 61	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(TYEM 27) (Type, Print)	y 225.B	-	1 0	1112.

as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-murs after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be study with a State Deut of Health and Mental Hursiene bring to build, cremation, or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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K	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 79 hours after death with the State Deat of Health and Merial Honlane prior to build cremation, or removal.	£
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIEN REG. NO.	E	10303
	1. DECEOENT'S NAME (First, Middle, Last)	CTARA LEE	ROUGLAS			2. OATE OF DEATH	22-9	3. TIME OF DEATH DIN
	Clara	Lee	JoiGL/	45		6 2	2 90	9:00pm
	4. SOCIAL SECURITY NUMBER	111111111111111111111111111111111111111		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH _(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	578-44-6122	1 M 2 XF	YRS.			7-30-12	No	orth Carolina
~	9a. FACILITY NAME (If not institution, give		96.	CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH
10	RESIDENCE OF DECEDENT	seneral M	72 D'	ral	STON		1	irtord
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY
ä	Maryland Ha	rford	Ed	lgewoo	od			1 XYES 2 NO
AL	10e. STREET AND NUMBER			10	f. ZIP CODE			OF WHAT COUNTRY?
F	647 Longwood	· · · · · · · · · · · · · · · · · · ·			21040			ed States
BY FUNERAL	11. MARITAL STATUS 1 Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	27 NO	If yes, s	CENDENT OF HISPANI becify Cuben, Maxican 3 2 NO Specify:		or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: Negroid
CH	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU	JAL OCCUPATI	ON set of working	16b. KIND OF BUS	SINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	,	oat or working		**	- As-
MP	10th grade	none	Domest	ic		Privat		nes
	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden		
BE	Hasty Dougla	15	405 MAII ING ADI	DRESS (Charact		Cameror		
9	Aileen Venable	۵				dgewood,		117
	20e. METHOD OF DISPOSITION	200	PLACE OF DISPOSITIO	TM (Name of or	melani cramalnii or	200 1.0		or Town, State
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	ioval from State	Baltimore	Ceme	eterv	Bal	timor	re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22 NAME A	NO ADDRESS OF FAC	WITH THE		
	Calsin 5	Dirus	go Dr.	1/11	THE Pro	cruggs I	runera Ral+i	more Md. 2121
SATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING	s. Cardio - oue to (or as HBP.	each line.	rest	. (Car			Approximate Interval Between Onset and Daeth Cest) 2 day .
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):					
CAL	PART ii. Other significent condition	ns contributing to death	but not resulting in t	he underlyii	ng cause given in I	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: MED						-		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T or	28. F	PLACE OF DEATH (Che	ick only one)		
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Ho	me 5 🗆 Realdence			
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	Y W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	REO
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm, street			28f. LOCATION (Street	and Number or	Rural Route Number,
TEC	4 Homicide determined	building, etc. (Spe	ecity)			City or Town, State)	
COMPLETED	cont only	SICIAN: To the best of my know IER: On the basis of examination						euse(a) and manner as stated.
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIE	B.D. PA	AREKH	MD.	D 18	H8 424	29d. DATE S	IGNED (Month, Day, Year) - 23 - 90
-	B.D. PAREKH A	1D. 1908	EATH (ITEM 27) (Typo, PH HARFORD	int)				
	JUN 25 1990	July Davidson-1	210000					

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HOSPITAL OR ATTENDING PHYSICIAN: The law

certificate to the State

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L DIRECTOR: After the hours after death with them 28 is mark

TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It

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FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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90 16970 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, GUISEPPA 2. DATE OF DEATH 3. TIME OF DEATN D1610R610 194 C 20 11.40PM 0 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day Year) UULY 20, 1910 B. BIRTNPLACE (State or Foreign A. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 1 79 YRS. 212-18-0167 MISSOURI 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE HOSPITAL CENTER HOMEWOOD HO 10e. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO MARYLAND BALTIMORE 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1013 N. CHARLES 21201 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 3 Widowed 4 X Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 **SEAMSTRESS** CLOTHING COMPANY 17. FATNER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surneme) GUISEPPA DI GIORGIO ROSALIE DOMINA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BONNY BURNS 5702 RADECKE AVE. APT B-4 BALTIMORE MD. 21206 20e. METNOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other County 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State HOLY REDEEMER Donation 5 - Other (Specify) 6/23/90 BALTIMORE MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DENNIS CAPITANO BALTIMORE MD. 21214 Lenny U LEONARD J. RUCK INC. 5305 HARFORD RD. Cas 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. shock, or heart fellure. List only one cause on each line interval Retween Onset and Death IMMEDIATE CAUSE (Final disease or condition a. CARDIO FUL MONARY

DUE TO (OR AS A CONSEQUENCE OF): resulting in death) SIBLE Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) RONARY e. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events FAILURE WITH PULLYONARY resulting in death) LAST

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERPORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

25. WAS CASE REFERRED-TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: atient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence & Other (Specify) 27. MANNER OF DEATN 28e, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO Investigation 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined 4 Nomicide

29e. CERTIFIER
(Check only one)

2 | MEDICAL EXAMINED: On the basis of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/o on, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated,

DO: MO 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) MAZIA 61 190 20 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOME WOOD IN TO REAL NO REAL ER-50N

MOSPITAL C CIENS : REET. 2724 8 GS. WARIA 31. DATE FILED (M) 32. REGISTRAR'S SIGNATURE

Julia Savidson

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put permit. Pages 1, 2, 3 should

DALIMONE, MARILAND	furs after death. Page 6 may be retained by the hos	lied in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with urs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Milea of S 31. DATE FILED (Month, Day, Year) JUN & JUNU

SONWHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CLUBOUTZ HD 606 A

32. REGISTRAR'S SIGNATURE

										90	1697
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMEN'	OF HEAL	TH AND	MENTAL	HYGIEN REG. NO.			1001
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	AY.	YEAR 3.	TIME OF DEATH
	Mildred E.	FRANCE					June		199		2:41 P M
	4. SOCIAL SECURITY NUMBER 219-30-6719	1 □ M 2 V F 84	(in yrs. last birthday) YRS.	IF UNDER	DAYS HOU	INDER 24 HRS.		F BIRTH Day, Year) 1-05		Country)	ce (State or Foreign
	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY	, TOWN OR LO	CATION OF DI	EATH		11000	Y OF DEATI	
СТОЯ	Franklin Square H				ssville	;			Baltin	nore	County
AL DIRECTOR	Maryland Balt	imore		y, town (/S o n	OR LOCATION						I. INSIDE CITY LIMITS? YES 2 2 NO
HAL	6913 Donachie Rd.				10f, ZIP (U.S.A		COUNTRY?
6 89	1. MARITAL STATUS Never Merried 2 Merried XXMidnwed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO		WAS DECENDE If yes, specify (Cuban, Maxica	n, Puarto Ri			4. RACE — Black, Wi Specify: h1te	American Indian, hita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	completed)	18a. DECEDENT'S (Give kind of tille. Do NOT us	USUAL O work done se retired.)	CCUPATION during most of v	vorking	18b. I	CIND OF BU	SINESS/INDU	STRY	
PL	12 yrs	College (1-4 or 5+)	Telepho	ne (Operato	r	To	eleph	one Or	perat	or
COM	17. FATHER'S NAME (First, Middle, Last) Charles E. Stort	Z				MOTHER'S NA			,		
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street and Nu	mber or Rural	Route Numbe	r, City or Tow	n, State, Zip C	Code)	-
5	James C. France		6913	Dona	achie F	Rd. To	wson,	Md.	21204		
	20a METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Remote A Donation 5 Other (Specify)	ovel from State Mc	ore land	Memo:	ame of cemetery, rial	crematory or			cation – ci kvi11(
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,	22.	NAME AND AD	DRESS OF FA	CILITY	al Ua	me T	2.0	
	> 5/1/ /	1/1/4			1050 Y						
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do	_							Approximata
	ahock, or haert failure.	List Dniy one ceusa on e			the mode o	t dying, soc		ac bi iosp	natory one	o.,	intervai Betwaen
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)		whee C		nauy	Dos	o lan	Dle	all		Onset and Death
		DUE TO (OR AS A	A CONSEQUENCE O	F):							ĺ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE O	F):							
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):							
E	resulting in death) LAST	d									
8							- 1				
MEDICAL	PART Ji. Other significent condition	a contributing to deeth t	out not resulting	in tha u	ndariying ceu	use given in	Part i.	PERFOR	V	AM	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE
EDÍ	meuloie De	enderet 1	meeto	4-			-	1 TYES 2	NO NO	OF	DEATH?
Σ	2702000 1209	7,	,	d			—			1 1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26, PLACE	OF DEATH (C)	heck only one)			
SIC	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHE							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		28c. INJURY WORK?				INJURY OCCU	JRED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	1 1 2 2 2 2 2 2 2 2 2 2 2		М	1 TYES	2 NO					
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, nolly)	street, fac	ctory, offica		28f. LOCA City of	TION (Street Town, State	and Number o	r Rurel Route	Number,
COMPLETED	cont only	CIAN: To the bast of my know									
00	2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investigation	on, in my	opinion, death	occured at the	e time, date a	and place, a	nd due to the	cause(a) an	d manner as stated.
BE (200. SIGNATURE AND TITLE OF CHATTERE				290	LICENSE NU	MBER	7	29d. DATE		onth, Day, Year)
2	20 NAME AND ADDRESS OF PERSONNIH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (S-	Deint1			166	/	(0 0	3-70.

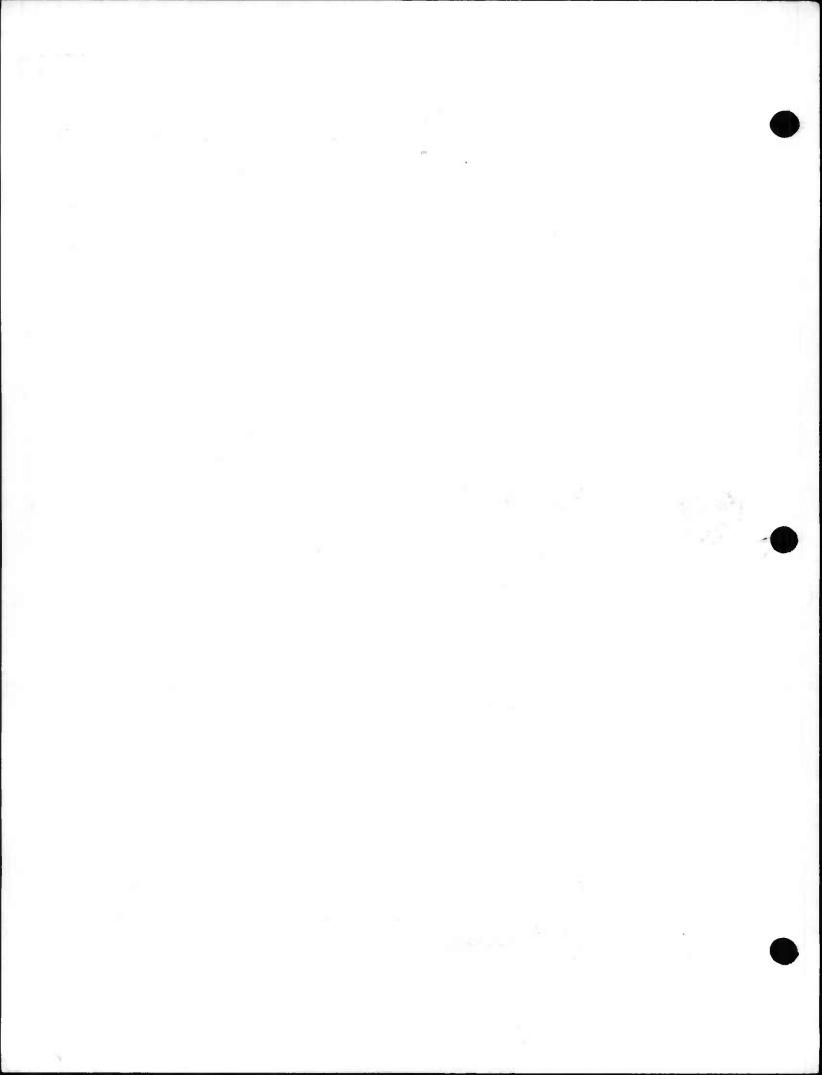
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within	rema	vent,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event,
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rtificate	g physiene p	ther
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							20 1031
	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF RTIFICATE OF		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DA	Y YEA	3. TIME OF DEATH
		am Lucille El			06 27		7:40/04 H
		SEX 6. AGE (In yrs. last i	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry) U Y O /L /2
	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOW	OR LOCATION OF DE		Sc. COUNTY O	
ECTOR	Greater Laurel-Belt RESIDENCE OF DECEDENT	sville Hospital	Lau	urel		Prince	e Georges
DIRE	Maryland Howard		Laurel	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 V NO
₽	10s. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
1 5	9865 Lyon Avenue			20707		USA	
BY FUNERAL	11. MARITAL STATUS 12 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES) If yes,	ECENDENT OF HISPANI specify Cuben, Mexicen ES 2 NO Specify:		or No- 14. R	ACE — American Indien, leck, White, etc. pecify:
ED B		I de la cons			The same service		white
1		npleted) (G/w	EDENT'S USUAL OCCUPA e kind of work done during : Do NOT use retired.)		16b. KIND OF BUS	iness/industr	Y
once.	Grade 11 17. FATHER'S NAME (First, Middle, Lest)	wai	tress			urant	
COM COM				200	ME (First, Middle, Maiden		
B B	Michael Pitchano 190, INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street		et (UV		
be notified at TO BE	Norma Joan Goram		65 Luon Ave				
90	20a. METHOD OF DISPOSITION	20b. PLACE O	F DISPOSITION (Name of			CATION — City o	
must	1 Burial 2 Cremation 3 Premoval 4 Donation 5 Other (Specify)		nthonus Cer		Gler	wille.	New York
ě.	21. SIGNATURE OF FUNERAL, SHIPVICE LICENS	11	22. NAME	AND ADDRESS OF FAC	YTUK		
(188)	hellit yay	conalleans	Dona	ldson Fune	ral Home,	Laurel,	, Maryland
	shock or heart fellure. List	nplications that caused the deat tonly one cause on each line.	th. Do not enter the r	node of dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between
27	POLATE CAUSE (Fine)		ed today	O)			Onset and Death
ş	disease or condition a	Encephalopal	by with	Seizur	45		
event,			UENCÉ OF):	0			
traumatic	Sequentially list conditions, b	SEPSIS DUE TO (OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF):				
AT AT	if any, leeding to immediate cause. Enter UNDERLYING						
or other traumatic	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQU	UENCE OF):				
0 111	d						
\$ O	PART II Other elgoiticant conditions o	ontributing to death but not re	eulting in the underly	ing ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
23 shows any inj AN: MEDICAL	Multiple Myel	luma			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	Electrolyte Dis	sturbance	·				1 YES 2 NO
2 Z							
r item 23 s SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSFITAL:	OTHER:	PLACE OF DEATH (Che	ack only one)		
YSI IS	1 TYES 20 MG	Inpatient 2 ER/Outpatient 3	DOA 4 Nursing H	ome 5 🗆 Residence			
y PH	Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	0
- L	3 Suicide 6 Could not be	26s. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, fectory, o	ffice	28f. LOCATION (Street : City or Town, State)	and Number or Ru	rel Route Number,
82 世	4 Homicide determined						
의	29a. CERTIFIER 1 CERTIFYING PHYSICIA	iN: To the best of my knowledge, dea					
ANT: If Ite	one) 2 MEDICAL EXAMINER: 0	On the basis of examination end/or tr	westigation, in my opinior	n, death occured at the	time, date and place, ar	d due to the ceu	se(e) and manner ea stated.
MPORTANT: IF	291/ SIGNATURE AND TITLE OF CERTIFIER	,		29c. LICENSE NUN	IBER	29d. DATE SG	NED (Month, Day, Year)
<u>₹</u> 2	30. NAME AND ADDRESS OF PERSON WHO C	COMBI ETER CALIRE OF DEATH //TEN	127) (Type Print)	1000	10	10/	3/40



3. TIME OF DEATH

300 S

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

executed within DIVISION OF VITAL RECORDS, P.O.

2. DATE OF DEATH CLARENCE 6-22-90 J. GROSS 7. DATE OF BIRTH (Month, Day, Year 6. AGE (in yrs. last birthday) A SOCIAL SECURITY HUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPI ACE (State or Foreign MONTHS DAYS HOURS 218-05-1821 1√ M 2 F 74 YRS. 10-8-15 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF BEATH 9c COUNTY OF DEATH DIRECTOR 310 N. Hilton Street Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore TES 2 NO permit. 10g. CITIZEN OF WHAT COUNTRY? 10e, STREET AND NUMBER 10f. ZIP CODE FUNERAL 310 N. se as the burlal-transit Hilton Street 21229 S attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1% YES 2 NO 14. RACE — American Indien, Black, White, etc. 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2.5 Merr 3 Widowed 4 Divorced FORCES? 1% YES 2 IF YES, GIVE WAR OR DATES Specify BY Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIHD OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Retired Medical Assistant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surneme) Thomas Gross notified. Clara Harvey 8 funeral director, page 5 should 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) hours after death. Page 6 may be retain 2 Mamie Gross 310 N.Hilton Street Balto..MD. 21229 Pe 20e METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Garrison Forest Vet. OwingsMills. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Cortical L. Phillips F. H. 1721-27 N. Monroe #281 has been signed by the attending physician and completely filled in by the i Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. n 23 shows any Injury, or other traumatic event, the medical ex Approximata 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ig in the underlying cause given in Part I. PART II. 94 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FIHDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 HO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate ha h the State D d, or Hem **EXAMINER?** HOSPITAL OTHER: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 X Residence 8 ☐ Other (Specify) TO THE HOSPITAL OR ATTENDING PHYSIUM TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the IMPORTANT: If Hem 28 is marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANHER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Natural 1 YES 2 HO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAM: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 📗 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner so stated. IND TITLE OF GERTIFIER 29d. DATE SIGHED (Month, Day, Year) 29c. LICENSE NUMBER BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) IUN 25 1990 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be not filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at a
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	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) Alice B	9019				06 19	AY YE	D 08 25 AM
	4. SOCIAL SECURITY NUMBER 233107994 1 □ 9a. FACILITY NAME (if not institution, give street an	M 2 KF	78 YRS. MON		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06 25	0	HRTHPLACE (State or Foreign country) 11inois OF DEATH
TOR	Howard County General	l Haspitel	· 5755 Ceren	lane,	Columbia		ŀ	toward
DIRECTOR	Manyland How	ad	10c. CITY, TO	olumb	ra			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6334 Cedarlane, Los				21044	1	Unite	of what country? d States
ВУ	1 Never Married 2 Married F	MS DECEDENT EVER IN ORCES? 1 _ YES YES, GIVE WAR OR DAT	2 ZMO	If yes, spe	ENDENT OF HISPAN offix Cuban, Mexican 24 NO Specify.	IC ORIGIN? (Specify Ye I, Puerto Rican, atc.)	100	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple property (0-12) Coll 2 Years	red) ege (1-4 or 5 +)	16e. DECEDENT'S USU. (Give kind of work of life. Do NOT use real	done during mos ired.)	at of working	House of		esentatives
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Basman				18. MOTHER'S NAM	ME (First, Middle, Meider Herschenbe	Sumame)	
10	19a. INFORMANT'S NAME (Type/Print) Mary E. Shine		3 McAlp:	ine Co	urt, Silv	oute Number, City or Too yer Spring	, Mary	land 20901
	20e: METHOD OF DISPOSITION 1	om State Ki	PLACE OF DISPOSITION Of the Place David 1	Memoria	al Garden	n Fal		rch, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	n. Da	tien	DONALI 232 CA	M.STEIN ARROLL ST	N HEBREW M	EMORIA ., WASI	L FUNERAL HOME
	23. PART I. Enter the diseases, or compliance, or heart fellure. List of iMMEDIATE CAUSE (Final disease or condition resulting in death)	Ventries	the death. Do not on the line.	lation	de of dying, auch	ea cardlec or reap	piratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	19				8 hours
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions con	tributing to death bu	it not resulting in th	ne underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10	BPITAL:	ntient 3 DOA 4 D	THER:	ACE OF DEATH (Che			
BY PHY	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJ	URY AT RK?	26d. DESCRIBE HOW	INJURY OCCUR	EO
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm, stree	t, factory, office		261. LOCATION (Street City or Town, State		lural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On							use(e) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	le mo			D34	613	29d. DATE S	GNEO (Morith, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO CON	er M.D.	950	old	Annastis	Rd Ella	cott Ci	h mo 2/043
	JUN 25 1990	32. RESTHAR BOR	TURE BANKS					

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-16-85 (15-15) rep-

ours after death. Page 6 -may be it will by the hospital or attending physician, BALTIMORE, WARY AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 -may became by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degit, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Wi LLI C	H AGANS	1			2. DATE O		/ YE		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-12-235 98. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (In	yrs. lest birthdey) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	7/		Country)	NCE (State or Foreign
0 B	Bon Sucon	ary Hospita	L	Balk	R LOCATION OF DE	AIN		9c. COUNTY	OF DEAL	n
DIRECTOR	10a, STATE 10b. COUNTY	1	10c. CITY Ba	TOWN OR LOCAT	ION					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1935 W. L.	xington S	+	101	21223	3		10g. CITIZEN	OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, sp	ENDENT OF HISPAN polity Cuban, Maxican 2 NO Specify	n, Puarto R			RACE — Black, W Specify:	American Indian, hita, atc. Skull
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo		16b.	KIND OF BUS	INESS/INDUST	RY	
	17. FATHER'S NAME (First, Middle, Lest) Walter John	2500			18. MOTNER'S NAI	ME (First, M	Middle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Jacanelyn	Haggans	19b. MAILING 193		nd Number or Aural F		10	, Stale, Zio Coo	10)	4/21223
	20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE OF DISPOS other place)	Atimor	11 1	Cery	20c. 100	CATION - City	or Town,	Stata
	21, SIGNATURE OF PUNERAL SERVICE LIC	March		42. NAME AT	DADDRESS OF FAMILY STATES	Was	_			
	IMMEDIATE CALISE /Final	e.	ch line.						•	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS A O	CONSEQUENCE OF):	MOCK					
AL	PART II. Other significant condition Ane min. Pena/	_	t not resulting i	n the underlyin	g ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	Al. CX OI	PRE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: MEDIC	horos	T							,	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Propertient 2 ER/Outpe	itlant 3 🗆 DOA	OTHER:	ACE OF DEATN (Ch					
PH	27. MANNER OF DEATH 1 Netural S Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	URY AT HRK?	28d. DE\$	CRIBE NOW II	YJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida datarminad	26e. PLACE OF INJURY building, atc. (Specif	— At home, farm, a	treet, factory, offic	•	2sf. LOCA City	ATION (Street a or Town, State)	and Number or I	Rural Rou	le Number,
COMPLETED	(Critical Orliny	ICIAN: To the best of my knowle							nuse(a) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE Arch		no		29c, LICENSE NUI			29d. DATE SI	GNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEA	+4.					·-		
	31. DATE FILED (MOTUN 1640) 5 10	90 32. REDISTRAR'S DIGN	TURE Panda	ir.						

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retained by the ho	ath. Page 6 may be near director, page	TO THE H TO THE FI be filed wi
ath. Page 6 may be near director, page		DIVISION OF VITAL RECORDS, P.O. BOX 13146, OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with UNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completithin 72 hours after death with the State Dept. of Health and Mental Hygien prior to budial, creation?
hir. Its after death. Page 6 may be retained by the host lety filled in by the funeral director, page 5 should be detached matten, or removal. The medical examinar must be notified at once.	hin its after de tely filled in by the fumation, or removal.	DIVISION OF VITAL RECORDS, P.O. OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certil UNERAL DIRECTOR: After this cardificate has been signed by the attending thin 72 hours after death with the State Date. of health and Mental Hyper thin 72 hours after death with the State Date.
ficate be executed within its after death. Page 6 may be physician and completely filled in by the funeral director, page 16 pick to burial, cremation, or removal.	ficate be executed within its after de physician and completely filled in by the fur prior to burial, crementaln, or removal. In the medical part the medical p	DIVISION OF VITAL HECC. OSPITAL DR ATTENDING PHYSICIAN: The law requires UNERAL DIRECTOR: After this cartificate has been sign thin 72 hours after death with the State Dept. of Heal
that the death cardificate be executed within the after death. Page 6 may be ed by the attending physician and completely filled in by the funeral director, page in the and Mental Hygine page from the burial, cremation, or emboar.	that the death certificate be executed within a start de ed by the attending physician and completely filled in by the fut and Mental Mysician prior to burish, cremedon, or removal.	OSPITAL OR ATTENDING PHYSICI, UNERAL DIRECTOR: After this carl tithin 72 hours after death with the
AN: The Isw requires that the death certificate be executed within a star death. Page 6 may be fifcate has been signed by the attending physician and completely filled in by the funeral director, page. State Dept. of Health and Mental Mygine point to buring cremation, or removal.	AN: The IAM RECORDS, P.O. BOX 13146, AN: The law requires that the death certificate be executed within a steer de fifcate has been signed by the attending physician and completely filled in by the furst state petr, of health and Mental Hygiene price to briat, certainly, or removal. State petr, of health and Mental Hygiene price to briat, certainly on the formal periods.	OSPITAL DR JUNERAL DIRE
tely filled in the mation, or re-	UTION OF VITAL RECORDS, P.O. BOX 13146, and UTION OF VITAL RECORDS. P.O. BOX 13146, as after de TYPE AND A STATE A	THE H

31. DATE FILED (Month) PUNPAR) 25

	1. OECEDENT'S NAME (First, Middle, Last) STANLEY I. HI	RSCH						2. OATE JUIN	of OEATH	W :	1990	3. TIME OF DEATH 4:00 P.
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1		IDER 24 HRS.	7. OATE	OF BIRTH		6. BIRTH	HPLACE (State or Foreign
	154 03 4675	1 M 2 F		74 YRS.	MONTHS	DAYS HOU	MIN,	Apr	10,19	16	New	York
	9a. FACILITY NAME (if not institution, give					OWN OR LO		EATH		9c. COU	NTY OF D	
0	15401 Bassett	Lane			Sil	ver Sp	ring				Mon	tgomery
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION	-					10d. INSIDE CITY
뜸	Maryland	Montgom	ery		Sil	ver Sp	ring					1 YES 2 NO
AL	10e. STREET AND NUMBER					10f. ZIP (10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	15401 Bassett La	ne, Apar	tment	3-E		20	906				Uni	ted States
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER FORCES?	YES	2 NO		AS DECENDER yes, specify (i? (Specify Yea Rican, etc.)	or No-	14. RACI Black	E — American Indian, ik, White, etc.
B	3 Widowed 4 Divorced	IF YES, CIVE	MAR OR DAT	ES		YES 2					Spec	White
	15, DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	1	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCC	CUPATION ring most of w	orking	16b	KIND OF BUS	BINESS/IN	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5						7.07	Federa	1 Go	vern	ment
COMPLET	17. FATHER'S NAME (First, Middle, Last)	6 years		Psychia	LITE				Middle, Maiden	Suppose:		
	Charles Hirsch						Rose G			Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS				ber, City or Tow	n, State, Zij	p Code)	
임	Eric Schweizer			1012	Willo	wleaf	Way,	Poto	mac, M	ary1	and	20854
	20a, METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ren	noval from Stata		PLACE OF OISPO								own, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		_ Ju	dean Me						ey,		
	Donald	- (. /	De	rien	23	2 CARI	ROLL S	TREE	T, N.W	., W	ASHI	FUNERAL HON
Į	23. PART i. Enter the diseeses, or shock, or heart failure.				not enter t	ne moda o	dying, au	on aa car	diec or respi	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	1100	ates	160.1	1327	Dan Car						Onset and Deat
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	OF AS A	CONSEQUENCE C	F961	ency						
z	disease or condition resulting in death)	14	OF AS A C	CONSEQUENCE CONSEQ	FACI	ency						Onset and Deat
HON	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a Lu	reit	CONSEQUENCE CONSEQUENCE CO	FACI Potas	ency						Onset and Deat
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	OF AS A C	Mel-	ncer	ency						Onset and Deat
TIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OF AS A C	mer	ncer	ency						Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OF AS A C	Mel-	ncer	ency						Onset and Deat
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO C. OUE TO d.	O (OR AS A (MCH CONSEQUENCE C	nce_r	ency les	se given ir	n Part I.	24s. WAS AN		241	Onset and Deat
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_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO C. OUE TO d.	O (OR AS A (MCH CONSEQUENCE C	nce_r				PERFOR	MED?	241	Onset and Deet Smo Gmo Ayrs b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. DUE TO C. OUE TO d	O (OR AS A C	Meke CONSEQUENCE C	in the unc	26. PLACE	OF DEATH (C	heck only o	PERFOI	MED?	244	Onset and Deet Smo Gmo Ayrs b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	b. DUE TO C. OUE TO d	O (OR AS A (CONSEQUENCE C	orther	26. PLACE :	OF DEATH (C	heck only o	PERFOI 1 YES 2 ne)	NO NO		Onset and Deet Smo Gmo Ayrs b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	b. DUE TO C. OUE TO d	D (OR AS A C) O (OR AS A C) O (OR AS A C) O (OR AS A C) ER/Outper	CONSEQUENCE C	OTHER 4 Nursi	26. PLACE: ing Home 5 28c. INJURY / WORK? 1 YES	OF DEATH (C	heck only o	PERFOI 1 YES 2 ne)	NO NO	CCURED	Onset and Deet Smo. 6 mo. 2 yrs b. Were autopsy finding: AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending investigation 3 Suicide 6 Could not be detarmined.	b. DUE TO C. OUE TO d	O (OR AS A CO) O (OR	t not resulting to the total and the total	OTHER 4 Nursi	26. PLACE : ng Home 5 28c. INJUSY / WORK? 1 YES ry, office	DF DEATH (C) Residence IT 2 NO	6 Oth 28d. OE 28f. LOC	PERFORM 1 YES 2 PER (Specify) SCRIBE HOW IN CATION (Street or Town, State)	NJURY OC	DCURED or or Rural sted.	Onset and Deet Smo. 6 mo. 2 yrs b. Were autopsy finding: AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

* REGISTRAR		CE	:KIII	IVALE	OF [JEAIN		REG. NO.				
1. DECEDENT'S NAME (First, Middle	. Last)							TE OF DEATH			3. TIME OF DE	ATH
Edwin Wa	vne Howes						Mo	onth DAY		90	2233	ъм
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH			PLACE (State or	Foreign
218-36-7457	1 5 M 2 🗆 F	50	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year) 0-17-39		Mar	vland	
9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY,	TOWN OR	LOCATION OF DI	-	/	9c. COU	NTY OF D		
XXX St. Agne	s Hospital			TD,	7+4-	ore. Mo	1					
RESIDENCE OF DECEDER	NT								-			
	COUNTY			Y, TOWN O							10d. INSIDE CI LIMITS?	
	KANCENI Balt	imore	Ea	tons							1 TYES 2	
10e. STREET AND NUMBER					10f. 2	CIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY	7
10 Three Wil						#21228				USA		
11. MARITAL STATUS 1 Never Married 2 Married	FORCECO	NT EVER IN U.S. ARI	MED			IDENT OF HISPAI ify Cuban, Maxica		GIN? (Specify Yes	or No-	14. RACE Black	E — American Ir k, Whita, etc.	dian,
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				NO Specif				Speci	White	9
15. DECEOENT	'S EQUICATION	16a DE	PERENTIE	USUAL OC	CHIDATION			16b. KIND OF BUS	INESC/INF	MISTOV	WALL OF	
(Specify only higher	st grade completed)	(Gi		work done d				100. KIND OF 805	INE 55/INL	JUSINI		
Elementary/Secondary (0-12)	College (1-4 or 5	+)		s Mai	nace	200		Cardin	a1 (Sc a 1	0	
17. FATHER'S NAME (First, Middle, L			arci	3 Ha				st, Middle, Malden S		Cal		
Lee Ridgely								Danne		,		
19a. INFORMANT'S NAME (Type/Prin		1 104	MAILING	ADDDECS	(Street and			lumber, City or Town				
Mrs. M. Den:		1						.Caton			Md 2	1228
20a. METHOD OF DISPOSITION	rae nowes					tery, crematory or	00		CATION —			1220
1 10 Burlal 2 - Cremation 3		other pla	ice)				^					M 1
4 ☐ Donation 5 ☐ Other (Specification 21, SIGNATURE OF FUNERAL SERV		Galli	5011			Vet. (Ings	S M1	.lls,	MQ.
, O. 1	0 0							n Fune	ral	Hom	ne. P.	Α.
Tuters	: Ceslite							Ave. B				228
23. PART I. Enter the disease	s, or compilcations the			not antar	tha mod	a of dying, suc	ch as (cerdiac or respl	ratory sn	rast,	Approx	imata Between
IMMEDIATE CAUSE (Finel	mure. List Only Ona Ce	use on auch ima						/				
disease or condition											Onset s	ind Desth
	. (070	FORD &	4000	EOT	-11	Kirt	94	- 	115	-	Onset	ind Desth
reaulting in daeth)	8. AR	O (OR AS A CONSE	DUENCE O	E87 F):	-11	with,	93	/ SYSTO	LE		Onset	and Desth
resulting in deeth)	S. FAR. DUE TO	OUTE TO ON AS A CONSEC	ARRI DUENCE O	1587 Hi:	-M	WITH,	7	SYSTO DISKER	LLE ISI		Onset	and Desth
Sequentielly list conditions,	C . 6	O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	201	0 7	-M	erel	93 Z	SYSTO DISKER	LE 187		Onset	ind Desth
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns, be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

D MENTAL HYGIENE 90 16978

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEA	ГН		REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH		MEAN	3. TIME OF DEATH
ľ	PALESTINE O H	HORSEY							JUNE 2	1, T	990	YEAR	10:31 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER	T	7. DATE OF B	IRTH (Mar)		8. BIRTH Countr	IPLACE (State or Foreign
	21530-0139	1 M 2 💢 🖹	58	YRS.	MONTHS	DAYS	HOURS	MIN.		22-	31	000	7,0,
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
OR	THE JOHNS HOPKIN	NS HOSPI	TAL		BA	LTIM	10RE				BAL	TIMO	RE CITY
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c CIT	CITY, TOWN OR LOCATION				10d. INSIDE CITY				
Ē	m1.				BA				LI			LIMITS?	
	10e, STREET AND NUMBER				/ //	/	H. ZIP COD	E			10a. CIT	IZEN OF Y	WHAT COUNTRY?
RA	, , ,	enne	AUI			100	1	, ,			-	-	5,4
FUNERAL	11. MARITAL STATUS	ARMED 13. WAS DECENOENT OF HISPANI							E — Americen Indien, k, White, etc.				
	1 Never Merried 2 Merried	40		If yes, sp	pocity Cuba S 2 (100)	an, Mexica Specif	in, Puerto Rican	, etc.)		Spec			
B	3 Widowed 4 Divorced								, .			Ne	gro
	15. DECEOENT'S EDUC (Specify gety highest grade	CATION completed)	(G	CEDENT'S	work done	during m	ION ost of worki	ing	16b. KIN	D OF BUS	INESS/IN	DUSTRY /	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	Do NOT U	se retired.)					-			
COMPLET			1	PO	0 -								
	17. FATHER'S NAME (First, Middle, Last)	Lance 1	/				16. MOT	HER'S NA	ME (First, Middle	, Melden	Surneme)	00/	
B	19a. INFORMANT'S NAME (Type/Print)	orsey		- MAILIM	ADDRES	C /Ptenat	O Alumba	1770	Route Number, C	TO TO	CV 9	o Codo	. O/C/
2	DI A O P	nick	5	D. MAILING	1 S	S (SIZERI	and Numbe	2	Houte Number, C	ny or lown	All	(0000)	In me
	20a, METHOD OF DISPOSITION	1900	20b. PLACE	OF DISPO	SITION (V	ama ol co	afiatary cray	metory or	1/41	20c 10	CATION -	City or To	wn State
	2ta. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	oval from State	other pl	ace)	777.	2	111			100.00	12/	10	mol
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		7.11	22.	NAME A	ND ADDRE	SS OF FA	CILITY	//-			
	Del 4. 1	MUDD	ul 1.	1/2		//	16	11	100	<i>-</i> .	1.	3	
-	DINS P	11/1/1	7/ /2	0 171		110	27	10.	CHA	01	119	2	1 Assessment
	23. PART I. Enter the diseases, or of ehock, or heert fellure.				not ente	r the m	ode or dy	ing, euc	n ee cardiec	or reepi	ratory e	reat,	Approximate interval Between
	iMMEDIATE CAUSE (Finei disease or condition	T.		0.1	Ca	m .							Onset end Death
	resulting in death)	. 6 50	(OR AS A CONSE	OUENCE C	PF:	10	C V						Ino
_					,								į l
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	PF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
E	that initieted events	DUE TO	(OR AS A CONSE	OUENCE C	P):								
E	resulting in death) LAST	d											
	PART II. Other eignificent condition	a contributing to	death but not	resulting	In the u	nderlyi	ng ceuse	given in	Part I. 24s	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									- '	YES 2	MO		OF DEATH?
									—				1 YES 2 4-WO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26, [PLACE OF I	DEATH (C/	heck only one)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE 4 D No		me 5 D R	Residence	6 Other (Sc	acify)	-		
Ŧ	27. MANNER OF DEATH	26a. DATE O	F INJURY	26b. TII	ME OF	28c. IN	JURY AT		20d. DESCRI	- ,,	NJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Wontn,	Day, Year)	100	JURY M		YES 2	□ NO					
	3 Suicide 6 Could not be		OF INJURY - At he	ome, farm,	atreet, fa	ctory, off	ice			N (Street e		er or Rural	Ploute Number,
TE	4 Homicide determined		, , ,						5.1, 5.1	,,			
7	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	f my knowledge, de	eath occur	red at the	time, da	te end plac	e, end du	e to the ceuse(s) end me	nner as at	ated.	
COMPLETED	ana)	R: On the beele of	exa <i>m</i> ination end/or	Investigat	lon, In my	opinion,	death occu	ured at the	e time, date end	place, er	nd due to	the ceuse(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	CENSE NU	MBER		29d. D/	TE SIGNE	D (Month, Day, Year)
BE (DBm	~									•	6/2	1/90
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	JSE OF OEATH (ITE	M 27) (Typ	e, Print)				2				
	DBLSOW 31. DATE FILEO (Month, Day, Year) 1000 Auk	Johns	Kppk	ms	· K	OSP	iful	6	Salt.	no	e, r	SIN	21205
	31. DATE FILEO (Month, Day, Year)	32 PEGISTE	Mada Contraction							-		-	
	5011 6 02 1304 0 7 m		*										

-transit permit, Pages 1, 2, 3 should

31. DATE FILED (Month, Day, Year)

	1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND I		GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH	3. TIME OF DEATH
	Myrtie K. Justi	ce			June	24, 1990 YE	6:00 A M
			(In yrs. lest birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIE	TH 6.E	BIRTHPLACE (State or Foreign
	216-07-3188	7.00	O YRS.	NTHS DAYS HOURS MIN.	March March	3, 1904 Ma	ary land
5	Meridian Nursing Ho			Catonsville			imore
3	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, T	OWN OR LOCATION			10d, INSIDE CITY
DIRECTOR	- V	\rundel		Burnie			LIMITS? 1 YES 2XXNO
UNEHAL	7900 Bennesch Circ	:le		21061		U.S.	OF WHAT COUNTRY?
5	11. MARITAL STATUS	2. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPAI			RACE — American Indian,
-	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxica 1 YES 2 NO Specifi			Black, White, etc. Specify:
2	3 Widowed 4 Divorced					l	White
3	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON moleted)	16a. DECEDENT'S USI	UAL OCCUPATION	16b. KIND	OF BUSINESS/INDUST	RY
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	done during most of working tired.)			
COMPLE	12		Seamstre	SS	C1	othing	
5	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA			
D L	Augustus Schafer			Myrtie	Eckman		
5	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural			
	Shirley Bauer			dman Ave., Bal	timore,	Maryland	21213
	20a. METHOD OF DISPOSITION 1 Duriel 2X Cremetion 3 Remove	al from State	0b. PLACE OF DISPOSITIE other place)	ON (Name of cometery, crematory or		20c. LOCATION — City	
	4 Donation 5 Other (Specify)		Metro Crem			<u>Catonsvil</u>	le, Balto., MD
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	REE .		22. NAME AND ADDRESS OF FA Kirkley Funer			
	No that	2LL		421 Crain Hwy			nie MD 21061
	23. PART I. Enter the diseases, or con						, Approximata
	shock, or heart failure. Lis	it only one cause on	aach Ilna.				intarvel Batween
	II IMMEDIATE CALISE (Final						Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Anna	- fet				2 Gastand Death
		DOME TO (OR AS	A CONSEQUENCE OF):				2 yestes
Z	disease or condition resulting in death)	Dome DUE TO (OR AS Park	A CONSEQUENCE OF):	Direas	2		2 yes.
NOI	disesse or condition	Park	A CONSEQUENCE OF): A CONSEQUENCE OF):	Dizeas	e		2 years
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L CERTIFICATION	disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS	B A CONSEQUENCE OF):		Part i. 24a.	WAS AN AUTOPSY	245. WERE AUTOPSY FINDINGS
AL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF):		Part i. 24a.	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
AL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF):		Part i. 24a.		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF):		Part i. 24a.	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF):	tha underlying cause given in	Part I. 24a.	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death HOSPITAL: Inpatient 2	B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in the consequence of the	26. PLACE OF DEATH (C) THER: (X) Working Home 5 Realdence OF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office	Part I. 24a. 1 heck only one) 6 Other (Spe 26d. DESCRIBI 2er. LOCATION City or Tow	PERFORMED? YES 2 \(\sum \) NO City) E HOW INJURY OCCUR (Street and Number or in, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death HOSPITAL: Inpatient 2	B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in the consequence of the	26. PLACE OF DEATH (C) THER: (X) Working Homa 5 Realdence OF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, data and place, and du	Part I. 24a. 1 heck only one) 6 Other (Spe 26d. DESCRIBI 28f. LOCATION City or Tow a to the cause(a) a time, data and p	PERFORMED? YES 2 NO City) E HOW INJURY OCCUR (Street and Number or In, State) and manner as stated. place, and dua to the co	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death HOSPITAL: Inpatient 2	B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in the consequence of the	26. PLACE OF DEATH CONTINUES. 26. PLACE OF DEATH CONTINUES. THER: WORK? M 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, data and place, and du	Part I. 24a. 1 heck only one) 6 Other (Spe 26d. DESCRIBI 28f. LOCATION City or Tow a to the cause(a) a time, data and p	PERFORMED? YES 2 NO City) E HOW INJURY OCCUR (Street and Number or In, State) and manner as stated. place, and dua to the co	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DATE OF INJUR (Month, Dey, Year AN: To the best of my known on the best of examinate On the best of examinate COMPLETED CAUSE OF I	B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B Dut not resulting in the country of the cou	26. PLACE OF DEATH (C) THER: 26. PLACE OF DEATH (C) THER: WORK? M 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, data and place, and du in my opinion, death occured at the	Part I. 24a. 1	PERFORMED? YES 2 NO City) E HOW INJURY OCCUR (Street and Number or In, State) and manner as stated. blace, and dus to the cit	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO

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hysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by prior to burial, cremation, or removal.	Losse be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	SOX 13146, BALLIMORE, MARTLAND 21203-3146
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1 - STATE OF MA		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) John R. Kearney	/		2. DATE OF DEATH MONTH 6 20	YEAR 92 A M		
244-05-3639 1 DM2 DF 90. FACILITY NAME (If not institution, give street end number)	7.3 YRS. MONT	CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 2 - 16 - 17 EATH 9c. CI	8. BIRTHPLACE (State or Foreign Country)		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY M.D.	10c. CITY, TO	BA CT WN OR LOCATION A CT		10d. INSIDE CITY LIMITS? 1 FYES 2 \(\square\) NO		
10. STREET AND NUMBER // 0		10f. ZIP CODE 2 / 2 / 3 13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Mexico	NIC ORIGIN? (Specify Yes or No-	US A 14. RACE — American Indian, Black, White, atc.		
3 Widowed 4 Divorced FYES, GIVE WAR	16a. DECEDENT'S USUA	one during most of working	16b. KIND OF BUSINESS/	Specify: BLACK INDUSTRY		
17. FATHER'S NAME (First, Middle, Last) TAMES W. KEARNEY	PAIN		MD. Ship ME (First, Middle, Melden Surnam TE B,			
19e. INFORMANT'S NAME (Type/Print) ROSALLE G KEARNE 9 20e. METHOD OF DISPOSITION 1 Pauriel 2 Cremation 3 Removal from Stale 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1106 N.	Name of cemetery, cremetory or	AVE BALT	Zip Code) MR 2:213 — City or Town, State GS M:LLS MD, 2:213		
23. PART i. Enter the disease, or complications that a shock, or heart fellure. Liet only one cause immediate CAUSE (Final disease or condition resulting in death)	ceused the deeth. Do not e	1129 N. CA	h ee cardlec or reapiratory	arrest, Approximate interval Between Onset and Daath		
Sequantially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury.	R AS A CONSEQUENCE OF):					
PART II. Other aignificent conditione contributing to de	eath but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUTOPPERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	IJURY 28b, TIME OF	26. PLACE OF DEATH (Ch HER: Nursing Home 5 C Residence 26c. INJURY AT WORK? M 1 YES 2 NO		OCCURED		
3 Sulcide 4 Homicide 6 Could not be determined 26e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examiner.	y knowledge, death occurred at	the time, date end piece, end due		atated.		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Dorothy Snow	OF DEATH (ITEM 27) (Type, Print Bolf VAN	29c. LICENSE NU D 2 4 /	49	DATE SIGNED (Month, Day, Year) 6/21/90 VEN BIN. Ba		
31 DATE FILES (ROUNDS)	SIGNATURE					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	C. LEIFE	R			2. DATE OF I	DEATH DAY	YEAR 90	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 213-48-6475	5. SEX 6. AGE 1 M 2X F 95	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 6/12	y, Year)	6. BIRT	THPLACE (State or Foreign stry) S.S.R.
99. FACILITY NAME (If not institution, give street HEBREW HOME OF RESIDENCE OF DECEMENT	GREATER W			R LOCATION OF DE	EATH	1.5	OUNTY OF	MERY
10a, STATE 10b. COUNTY	GOME RY		OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 6121 MONTROSE F	ROAD			ZIP CODE 20852			S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3. Wildowed 4 Divorcad	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yee, spe	ENDENT OF HISPAN polity Cuban, Maxica 2 NO Specify	n, Puerto Ricar		Spe	CE — American Indian, ck, White, etc. octly: JCASIAN
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re HOMEMAK	done during mod attred.)	N at of working		HOME	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) SOLOMON COLOMAN	1			16. MOTHER'S NA		le, Meiden Surnam	,	
19a. INFORMANT'S NAME (Type/Print) COLEMAN A. LEII	FER			nd Number or Rural I				MD. 20852
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	val from State	other place) ING DAVI	D MEM	ORIAL G		20c. LOCATION FALLS		Town, Btate RCH, VA.
21. SIGNATURE OF FUNERAL SERVICE LICE	numer	row	IVES	-PEARSO	N FUN		HOME	
23. PART I. Enter the diseases, or conshock, pr heart fellure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	ist Dnly Dne Couse Dn (d the death, Do not sech line. A EIMER A CONSEQUENCE OF):				or raspiratory	arreat,	Approximate Interval Between Onset end Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				14		
PART II. Other significent conditions ANEM		but not resulting in t	the underlying	g cause given in		NAS AN AUTOP PERFORMED? YES 2 NO		Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:		тнећ:	ACE OF DEATH (Ch				
1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 6	OF 28c. INJ	URY AT RK?		BE HOW INJURY	OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, offic			ON (Street and Nun own, State)	nber or Rure	l Route Number,
one)	HAN: To the best of my known: On the beste of examination							e(e) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER PTOLYTY W				29c. LICENSE NUI D 3655		29d.	DATE SIGNE	ED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO VANKAJ TALWAR 31. DATE FILED (MONTH DM 1967 F 400)		ONTROSE		POCKV	THE	MD.	208	52

-transit permit, Pages 1, 2, 3 should

6 may be retained	tor, page 5 should	nust be notified
r death, Page	e funeral dire	examiner r
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death, Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be seen under the process of the funeral director, page 5 should	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
scate be executed v	physician and comp	er traumatic ev
at the death certif	by the attending	y injury, or oth
he law requires th	has been signed	m 23 shows ar
IG PHYSICIAN: T	ter this certificate	narked, or ite
L DR ATTENDIN	L DIRECTOR: Aft	Item 28 is n
TO THE HOSPITA	TO THE FUNERAL	IMPORTANT: II

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	FOR STATE REGISTRAR	STATE OF N					EALTH AND I DEATH	MENTAL	HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)	3			×	_		2. DATE (F DEATH D	AY	YEAR	TIME OF DEATH
	Rola		W.		Morri				18-90			2:35PM M
}	4. SOCIAL SECURITY NUMBER 216-18-7104	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. last	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS.		F BIRTH Day, Year) -9-192	24	Country)	Va.
OR	90. FACILITY NAME (If not institution, give si 2208 Eutaw Place				9b. CITY,		ltimore (9c. COUNT	Y OF DEAT	н
ᄗ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c CIT	Y, TOWN O	R LOCAT	ION				104	d. INSIDE CITY
DIR	Md				timo	re					1 (LIMITS?
VERAL	100. STREET AND NUMBER 2208 Eutaw Place					101	. ZIP CODE	2121	1	U S		T COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced		TEVER IN U.S. AR XXYES 2 N MAR OR DATES		H	yes, spe	ENDENT OF HISPAN Holfy Cuban, Mexica 2 X NO Specifi	n, Puerlo R		or No 1	4. RACE — Bleck, W Specify:	American Indian, Inlia, etc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondery (0-12)		(GI	Do NOT u		luring mo	st of working	16b.	KIND OF BU	SINESS/INDU	STRY	
₹				nistr	ucti	Off M	lorker					
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Morris						16. MOTHER'S NA Marth		cholu:			
	19e. INFORMANT'S NAME (Type/Print)	-					nd Number or Rural					21217
٩	Elizabeth Morris	Holloma	n 7	717	Drui	d Pa	ark Lake	Driv	e Apt	801 E	Balti	more, Md
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremellon 3 Rem 4 Donallon 6 Other (Specify)	oval from State	20b. PLACE other ple	of dispo	n F		netery, cremetory or t Vetera	an		CATION - CI		
	21, SIGNATURE OF FUNERAL SERVICE LIC	Ma	wh		22. 1	Mar	ch F/H wood was a share of the bloom of the	Vest	nue			
	23. PART I. Enter the disesses, or				not anter					Iratory srre	st,	Approximate
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	. Arterio			ardio	V 7 2 C	aular di	CORCO				Interval Between Onset and Death
	resulting in death)		(OR AS A CONSEC			vas	curar GI	Sease				
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	(OR AS A CONSEC	OUENCE O	F):							
TIFIC	CAUSE (Disease or injury that initiated events rasulting in death) LAST	eDUE TO	(OR AS A CONSEC	OUENCE O	F):							
H	Tasuring in death) CAST	d										-
PHYSICIAN: MEDICAL (Chronic Alcoho		death but not r	resulting	in the un	derlyln	g ceuse givan in	Part I.	24a. WAS APPERFO	RMED?	CC	ERE AUTOPSY FINDINGS BAILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO
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¥	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATH (C)	heck only on	9)			_
Sic	EXAMINER? 1 STES 2 NO	HOSPITAL:	☐ ER/Oulpatient 3	DOA	OTHER	R:	ne XX Residence	8 C Other	(Spacific)			
	27. MANNER OF DEATH XXXIII 5 Pending	28e. DATE O		28b. TI	_	28c. IN.		V	***	INJURY OCCI	JRED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE (building	OF INJURY — Al ho	ome, farm,	atreet, fact				ATION (Street or Town, State	end Number o	r Rural Rout	le Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of										nd manner ee stated.
BE	I GIATURE AND TITLE OF CERTIFIE	9 Hall	1	L	1		29c. LICENSE NU			29d. DATE	SIGNED (M	lonth, Day, Year)
2	MANUE AND ADDRESS OF PERSON WA	O COMPLETED CAL	SE OF DEATH ATT	H 27 (30	Done							

Penn Street, Baltimore, MD 21201

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The second secon	completely filled in by the funeral director, page 5 should be developed as the burial-transit permit. Pages 1, 2, 3 should	The second secon

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BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx nours after death. Page 6 may be retained to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be death be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last TC	ny	Martin		2. DATE OF DEATH TUN MONTH DAY	19 4 9 4 9 5 A M		
4. SOCIAL SECURITY NUMBER	1,	(In yrs. last birthday) IF UNDER MONTHS MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-28-56	8. BIRTHPLACE (State or Foreign Country) Virginia		
9a. FACILITY NAME (# not Institution, give Maryland Gen	eral Hospital		TOWN OR LOCATION OF D	PEATH 9	c. COUNTY OF DEATH		
Maryland Gen RESIDENCE OF DECEDENT 100. STATE 100. COUN	тү	10c. CITY, TOWN O	rlocation		10d. INSIDE CITY ↓ LIMITS? †★ YES 2 □ NO		
		Dari	101. ZIP COOE	1	10g. CITIZEN OF WHAT COUNTRY?		
100. STREET AND NUMBER 601 N F111 AV 11. MARITAL STATUS 107 Selection of the control of the c	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. 1. VES 2 NO IF VES. GIVE WAS OR DATES.			INIC ORIGIN? (Specify Yea or an, Puarto Rican, atc.) ily:	U.S. No- 14. RACE - American Indian, Black, Whita, etc. Specify:Black		
1S. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.) Retired	CCUPATION during most of working	166. KIND OF BUSING	ess/INDUSTRY al Worker		
17. FATHER'S NAME (First, Middle, Last) William Ma:	rtin		18. MOTHER'S N	AME (First, Middle, Maiden Sur Oria Sheppa	ard		
Henry Jacobs		196. MAILING ADDRESS 601 N	(Street and Number or Aural Eutaw St	Route Number, City or Town, S reet Balto	Stelle, Zip Code) D., MD. 21215		
20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from Stete	b. PLACE OF DISPOSITION (Na other place Metro (me of cometery, cremetory or Crematory		TION — City or Town, State Ltimore		
21. SIGNATURE OF FUNERAL SERVICE			NAME AND ADDRESS OF F		21-27 N.Monroe		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CENTRAL DUE TO (OR AS A C. MY COBA DUE TO (OR AS A) DUE TO (OR AS A)	ED IMMUNED ESTABLE DE LA CONSEQUENCE OF): MYCACONSE	No DEFIC entral Nervo SYSTEM cobacterium AVIUM Tytococcal	Dus system TO TOXOP/A Avium, intra INTRACE meningitis.	Oneet and Death YNDROME. EXPOSIS Accellulare. LL ULARE.		
PART II. Other significant conditions are conditional conditions.		out not resulting in the un	iderlying cause given in	Part I. 24s. WAS AN AU	ED? AMAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 230 NO 27. MANNER OF DEATH 1 Netural 6 Pending	1 Kinpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year)		sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJU	URY OCCURED		
2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	26a PLACE OF INJUST	Y — At home, farm, street, fact c/ly)		26f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,		
	/SICIAN: To the best of my know NER: On the basis of examination				or as stated, due to the cause(a) and manner as stated.		
296. SIGNATURE AND TITLE OF COMM	ien.		29c. LICENSE NO.	233 2	9d. DATE SIGNED (Month, Dey, Year) ▶ 6/19/90		
200		AYKAH		d General Ho	ospital		
JUN 25 1990 Jul	32. REGISTRAR'S SIGN	NATURE					

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	law requir	as been si	Jept. of He	23 show
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	OR ATTEND	IRECTOR: /	ours after c	em 28 ls
)	OSPITAL O	UNERAL D	ithin 72 ho	ANT: If Its
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be made as the hospital of the hospital page 6 may be made as the hospital page 10 may be made 10 may be ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 5000 or 1000 and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

				<u> </u>							
1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH MONTH DAY								YEAR	3. TIME OF DEATH		
	CATHERINE M. OTRADOVEC						6-25-90		- 90	0550 H	
1	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGF //	In vrs. 'st birthdey)				7. DATE OF BIRTH (Month, Day Year)		- Cour	HPLACE (State or Foreign		
	220-34-5346 ¹□м²¾F 78	'(S.	'4S. MONTHS DAYS HOURS MIN.			MIN.	MAY 2	, 19	12 MA	MARYLAND	
	Sa. FACILITY NAME (If not institution, give ""net and number)		9b. CITY	TOMN O	R LOCATI	ON OF DE	ATH	90	. COUNTY OF	DEATH	
<u>د</u>	SINAI HOSPITAL		13	00	OF	in	nol	1			
E I	RESIDENCE OF DECEDENT			Just			1000				
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	10c. Cf	BALTIMORE							10d. INSIDE CITY LIMITS? XX YES 2 \(\sqrt{1}\) NO	
	104. STREET AND NUMBER		10f, ZIP CODE			40- CITIZEN			WHAT COUNTRY?		
FUNERAL	3669 DUDLEY AVE.		21213						S. A.		
BY FUN	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 1 ☐ Never Married 2 ☐ Married 12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR D/	2XX10	13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Mexical 1 YES 2 NO Specify			in, Puerto Rican, atc.)			CE — American Indian, ck, Whita, etc.		
	15, DECEDENT'S EDUCATION		ENT'S USUAL OCCUPATION and of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of Ille. Do NOT (t work done do use retired.)	uring mo:	st of workii	ng					
7	NA NA	SALE	SPER	SON			DEP	ARTM	ENT S	STORE	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Middle,	Meiden Sum	name)		
	JOHN J. TRABERT				M	ARY	M. WE	INKA	M		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS	(Street a	nd Number	or Rural I	Route Number, Cit	ty or Town, St	tata, Zip Code)		
2	RICHARD OTRADOVEC (SON)					_	LTIMO	RE,	MD. 2	1222	
	20a. METHOD OF DISPOSITION 1 G Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	MMANUE	L LU'	ne of cen THE	RN (natory or CEME	ETERY	BAL	TIMOR	Town, State E, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		22. N	CHT	MIIN	SS OF FA	CILITY FUNERA	т. но	MES.	INC.	
	· (inthe / eferge)		3	331	BR	EHMS	LANE	, BA	LTO.,	MD. 21213	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OR): Approximate interval Batween Oneyt and Death SOMEON										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in						PERFORMEO?		ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)										
S	EXAMINER? HOSPITAL: \	EXAMINER? HOSPITAL: OTHER:									
<u>¥</u>	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
	Natural 5 Pending (Month, Day, Year)	WORK? M 1 YES 2 NO									
BY	2 Accident Investigation	street facts				201 LOCATION (Street and Number on Great Goods Number			of South Mumber		
9	3 Suicide 6 Could not be detarmined 25a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 25a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, State)										
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER								ED (Month, Day, War)			
								25/98			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (7)	pe, Print)		1	kin.	Son	of al	C Bro	An Sunca	
1	31. DATE FILED (Month, Day, Year) 327 REGISTRAR'S ANSI	NATURE **	Jon	NS	1100	INC	s re	DI O.	007	The Carty en	
- 1	AVN-25 1990 gunt bandson-you	Martin									

FOR STATE

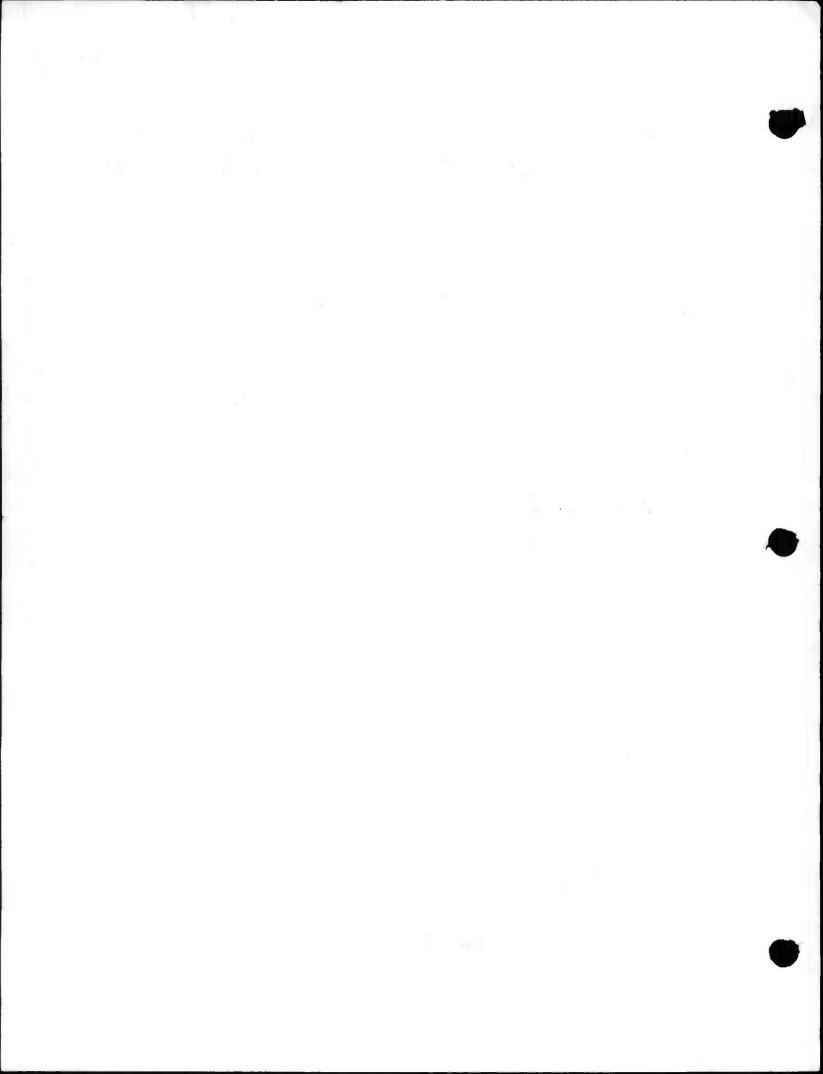
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. N	D.			
	1. DECEDENT'S NAME (First, Middle, Last) MABEL A	Presco				2. DATE OF DEATH MONTH	DAY 188	VR .	ME OF DEATH	
	10- 11 1	SEX 6. AGE (In			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	05	IRTHPLACE	E (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give atree	t and number)	96	CITY, TOWN OR L	CATION OF DE	ATH	9c. COUNTY C	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d.	INSIDE CITY	
	MD.		יז	MITTE	CODE		10g. CITIZEN OF WHAT COU			
FUNERAL	3308 RAIGHTON	7	21216		120		200N1H17			
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Guben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					mericen Indien, te, etc.			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION 1 mpleted) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of	working	18b. KIND OF B	USINESS/INDUSTI	RY		
	17. FATHER'S NAME (First, Middle, Last) Lewis Clint	ov Wil	liams	18	MOTHER'S NAM	ME (First Middle, Maid	on Surname) Tal	Latt	_	
TO BE	19e. INFORMANT'S NAME (Type/Print)	Johnson		DRESS (Street and I	Number or Rural R	oute Number, City or The	own, State, Zip Code	00 11 0	21215	
	20e METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Remova	20b. F	PLACE OF DISPOSITI	ON (Name of comete	ry, crematory or	20c. (ocation - City	or Town, S	. /	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND	DDRESS OF FAC	HLITY 1. 1. COT	-		,	
	· Portia	Ebron)	4300	Wa	t. WEST bosh A	se			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart feliure. List only one cause on each line. Approximate interval Between									
	immediate cause (Final disease or condition resulting in death) • PSEUDOMOVM PNANCOVIA								Onset and Death	
z	DUE TO (OR AS A CONSEQUENCE OF): HYPOXIC RESILENCY FAILURE								1/30/90	
ATIO	if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C								
	PART II. Other aignificent conditions	contributing to death bu	t not resulting in t	he underlying c	nuse given in	Part I. 24e. WAS	AN AUTOPSY		E AUTOPSY FINDINGS	
SICA	N/DDS 1 YES 2 NO							COM	LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL	CHE							YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic	EXAMINER? 1 YES 2 TOO HOSPITAL: 1 Propellent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 3 Other (Specify)									
Y PH	27. MANNEY OF DEATH 1 Netural 5 Pending Investigation	Y 28c. INJURY WORK M 1 VES	2 NO	28d. DEȘCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, stre building, etc. (Specify)			et, factory, office 26f.		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,	
COMPLETED	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									
B	296. SIGNATORIE ANOTITUE SE SERVIPIER	29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)					
5	39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MITCH 17. WESSEN NO 3640 FORMS CME 51215									
	31. DATE FILED (MOST) (1997) (1997) (1997)	32. REGISTRAND SIGNA								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A nous after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deathed for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at office. BALTIMORE, MARYEAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1. DECEDENT'S NAME (First, Middle, Last) Pindle					2. DATE OF DEA	TH DAY	90	3. TIME OF DEATH
	7 () ()	NE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDEF	04 1400	7. DATE OF BIRT		_	HPLACE (State or Foreign
	220-20-7567 10 M2 WF 64	22 1/4 YRS.	MONTHS DAYS	HOURS	MIN.	2/04		Coun	ennsylvani
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. C0	UNTY OF		
DR				Ba	ltin	nore			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1 40- 07	V 70001 00 100						
IRE	MD.	10c. C11	y, town or Loca Baltin					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	
	10s, STREET AND NUMBER			f. ZIP COD	F		10a C	WHAT COUNTRY?	
ERA	1410 McCulloh Street	"		- 1217	7	109. 0	U.S		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVE		RMED 13 WAS DECENDENT OF HISPANIC ORIGIN			IIC OBIGIN? (See	SIN'S (Specify Ves or No. 14 BA		CE — American Indian
ВУ	1 Never Merried 2 Merried FORCES? 1 YES, GIVE WAR OF		If yes, sp	n, Mexica Specify	n, Puerto Rican, e	tc.)	ck, White, atc. City: Black		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATI		na	16b. KIND (F BUSINESS/I	NDUSTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT u	se retired.)	00000		_			
MP	17. FATHER'S NAME (First. Middle. Last)	Ret	ired				suran		Agent
	Samuel Myers			18. MOT		me (First, Middle, A da Nel)	
BE	19e. INFORMANT'S NAME (Type/Print)	19b MAII INC	ADDRESS (Street	and Numbe				7in Codel	
2	Delores Sample	321				ve. Bal			21215
	20a METHOD OF DISPOSITION	20h PLACE OF DISPO	SITION (Name of co	malan cou	matory or		DC. LOCATION		
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Woodla	wn Ceme	ter	У		Wood	llawr	n
1	21. SIDNATION OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRE	SS OF FA	CILITY			
1	Meruta Dects	#281	E.I. F	hil'	line	г н 1	721_2	7N N	Monroe St.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Disease or injury.	S A CONSEQUENCE O	rg: O	Tu					
: MEDICAL CE	PART II. Other algoriticant conditions contributing to deat	h but not resulting	in the underlyin	ng cause	given in	P	AS AN AUTOPS ERFORMED? YES 2 17 NO	Y 24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 W NO
AN	25. WAS CASE REFERRED TO MEDICAL		26 P	LACE OF I	DEATH (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/C	Outpatient 3 DOA	OTHER:			6 Other (Speci	4.4		
PHYSICIAN	27. MANNER OF DEATH 28s. DATE OF INJUI	RY 28b. TH	E OF 28c. IN	JURY AT	anosiica .	28d. DESCRIBE		OCCURED	
ВУР									
ED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Route Number,	
29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								(e) and menner as stated.	
ECC	29b. SIGNATURE AND TITUE OF CERTUFIER	A 6			ENSE NUI				D (Month, Day, Year)
TO BE	Shullberry	MI)	D	26	718	Þ	6/1	7190
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	s, Print)						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE							

me burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be due within 72 hours after death with the State Degr. of Health and Merital Hygiers prior to burlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DELLEY UR

0/11/19

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.				
	1. DECEOENT'S NAME (First, Middle, Last) Laura	Laura Mae May Ri	Richardson chardson	r		2. DATE OF D	EATH DAY 22	YEAR 90	3. TIME OF DEATH 0006 M		
	4. SOCIAL SECURITY NUMBER 212-36-6564		51 YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	15/38	8. BIRTH Countr	IPLACE (State or Foreign (Y))		
TOR M		FACILITY NAME (If not institution, give street and number) St. Agnes Hospital BALTIMORE, CITY 9c. COUNTY O									
DIREC	10e. STATE 10b. COUNTY	Y	100	T I M O R E	, CITY				10d. INSIDE CITY LIMITS? X(X) YES 2 \(\) NO		
ERAL (100. STREET AND NUMBER 302 S. CATHER	INE ST.	, ,		21223		10g. CI1	TIZEN OF V	WHAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2\/_ \ \NO	If yes, sp	ENOENT OF HISPAN secify Cuben, Mexical 2 NO Specify	n, Puerto Ricen		14. RACE	E — American Indian, k, White, etc.		
BE COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo retired.)		16b. KINI	OF BUSINESS/IN	DUSTRY			
SE CON	17. FATHER'S NAME (First, Middle, Last) JOHNNY JONE	S			18. MOTHER'S NA LIL	,	, Maiden Surname) H I L L				
10	DEBRA RICHAR	DSON	196. MAILING A	3 W. F	AYETTE	ST.1S	ty or Town, State, Z	BALT	21223 IMORE,MD		
	20a. METHOD OF DISPOSITION 1 X Quriet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		PARKWOO				20c. LOCATION -		MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LI	94	~>	WHILE		F.H.			ORTH AVE.		
	23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. Pos	SiBLE	MYOCA				rrest,	Approximate Interval Between Onset and Death		
NO	Sequentially list conditions,	h.	A CONSEQUENCE OF	HEAR 7	ATT	nett			Aince, 1985		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	A CONSEQUENCE OF	HTN.					ximce 1980		
CERT	resulting In death) LAST	d							+/_		
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to death	but not reaulting Ir	the underlyin	g cause given in		. WAS AN AUTOPSY PERFORMEO? YES 2 NO	246	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)					
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Ou	tpetient 3 DOA	4 - Nursing Hor	ne 5 🗆 Reeldence						
ву Рн	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	JURY AT DRK? YES 2 NO	288. OEŞCHIE	BE HOW INJURY O	CONEO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, st ecify)	reet, fectory, offi	ĉe .	281. LOCATIO	N (Street and Numb wn, State)	er or Rurei	Route Number,		
COMPLETED	Corlock Only	ER: On the basis of examinati							s) and manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	- Him.			Med. Re		29d. OA	06/	0 (Month, Day, Year) 22 90		
5	30. NAME AND ADDRESS OF PERSON WI	HIRUM.	EATH (ITEM 27) (Type,	Print)				1	7		
	31. DATE FILED (Month, Day York)	32. BEGISTRAR'S SIG	NATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND ars after death. Page 6 may be retained by the hor

nedical examiner must be notified at once. in by the funeral director, page 5 should be detact or removal.



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death certificate be ATTENDING PHYSICIAN: The law requires that the DR HOSPITAL THE FUN 뿔

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2 23

I or attending physician.	or use as the burial-transit permit. Pages 1, 2, 3 shor		
er death. Page 6 may be retained by the hospit	the funeral director, page 5 should be detached val.	if examiner must be notified at once.	
OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physic	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	N.T. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DSPITAL OR ATTENDING PHYSICIAN: The law	JNERAL DIRECTOR: After this certificate has been signed by the thin 72 hours after death with the State Dept, of Health and Mei	.NT: It item 28 is marked, or item 23	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH
7/33AM 2. DATE OF DEATH Rodne 90 EAR 6 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 1 M 2 F DAYS HOURS MIN. 11-18 MD 9b. CITY, TOWN OR LOCATION OF DEATH 9e. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH DIRECTOR UNIVERSIT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY BA Himore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA eister STOWN 21215 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. BACE — American Indian, Black White, etc. 1 Never Married 2 Merrie IF YES, GIVE WAR OR DATES BY B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ost of working (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) C00X 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Smith Brown 20 19e. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and No BAlto MU. 21215 0 20a METHOO OF DISPOSITION 1 II Burlel 2 □ Cremation 20b. PLACE OF DISPOSITION (Na 20c. LOCATION - City or To 3 🗆 Re Condey CATONSVIlle MI STAT estern 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nor C Community BrOWN Wm 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete shock, or heart feilure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** Failure disease or condition car resulting in death) DUE TO (OR AS A CONSEQUENCE OF): endo carditis 100 Valve CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TO NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO atiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence @ Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investiga 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. (Check only one)

> 190 6 121

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore street

ation and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end n

M.D

29d. DATE SJGNED (Month, Day, Year)

cene STATEMENT OF STRATUTE AND SELECTION OF STREET

2 MEDICAL EXAMINER; On the basis of exami

1990

MONATURE AND TITLE OF CERTIFIER

30 NAME AND ADDRESS OF PERSON

2 2

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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IN THE MUSTIAL OF ALL ENDING FILLINGTON. THE LAW INVESTIGATION OF DESCRIPTION WITHIN 24 HOURS ALSO COMMISSION OF TRANSPORT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for us be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR		STATE OF F		/ DEPAR					MENT	AL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Herma)	n	Rosen-							MON	16 19)	76°	3. TIME OF DEATH	
	4. social security nume 579–40–8859	BER	5. SEX 1 🛣 M 2 🗌 F	6. AGE (In yrs. 57	last birthday) YRS,	IF UNDER	DAYS	HOURS	MIN.	7. DAT Apr	7. DATE OF BIRTH April 100/2007, 1933 B. BIRTHPLACE (State or Foreign Germany				
<u>و</u>	Shady Gro	ve A	dventis	+ Hose	pital							county of DEATH On tgomery			
DIRECTOR	10a. STATE Maryland	10b. COUNTY Mon tg				10c. CITY, TOWN OR LOCATION Potomac								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 11512 Bedfo		e Avenue		101. ZIP CODE 20854								S A.		
B	11, MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES GIVE N	YES 2	ARMED NO		If yes, sp		nn, Maxica	in, Puart	GIN? (Specify Yes to Rican, etc.)	or No—	Blac	E — American Indian, k, White, etc. Mite	
COMPLETED		CEDENT'S EDUC by highest grade 0-12)		+)	DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	ON st of world	ing	Real Estate					
BE COM	17. FATHER'S NAME (First, M Adolf Ro		.d								k, Middle, Meiden : Kathe	Surname)			
10	19a. INFORMANT'S NAME (Irene Rosenf				11512	Bedf	ords	shire	e Ave			ic, M	lary]	and 20854	
	20s. METHOD OF DISPOSIT Surial 2 Crematic 4 Donation 5 Other	r (Specify)		King	David	l Men	oria	al Ga	arder					own, State 1, Virginia	
22. NAME AND ADDRESS OF FACILITY IVes-Pearson Funeral Homes 472 St. Falls Church, Virginia 220															
	23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.														
PHYSICIAN: MEDICAL C	PART II. Other algorification of the second	_			_	-	Part I.	24s. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO				
YSICIAN	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 LINO	TO MEDICAL	HOSPITAL:			1	R: rsing Hor			8 🗆 0	ther (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation		Day, Year)		JURY M	1 🗆		□ NO		DESCRIBE HOW II				
	4 Homicide	Could not be determined	28g. PLACE building	OF INJURY — A , etc. (Specify)	t home, farm,	street, fac	ctory, offi				OCATION (Street e City or Town, State)	and Numbe	er or Runal	Route Number,	
COMPLETED	(Critick Only		ICIAN: To the best of											(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE	Keu	vi -	MD					36°		2	29d. DA	TE SIGNE	D (Month, Day, Year)	
Ē	30. NAME AND ADDRESS O	Ti KA	HEI YAIN	ISE OF DEATH	4701	e, Print)	IDDU	AH	RD	R	COCKVIL	LE	4D	22852	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		ICATE OF		REG. NO.	_		
1	1. DECEDENT'S NAME (First, Middle, Lest)	2			2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH
	GENEVIEVE BK	OFF	IRE		06-21	- 90	O I	MUZOO
		yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign
	219346840 10 M218 F 78	YRS.	WONTHS DATS	HOURS MIN,	11-19-1	L		ryland
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUN	TY OF DE	ATH
5	Good Samaritan Hospital		Bal-	timore Ci	ty			
3	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CIT	Y, TOWN OR LOCA	ION			Т	10d, INSIDE CITY
חואברוטא	Maryland			timore Ci	tv		1.	LIMITS?
	10e. STREET AND NUMBER			ZIP COOE	. 0,5	10a, CITE		HAT COUNTRY?
2	6110 Sefton Avenue			21214			USA	
UNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.				IC ORIGIN? (Specify Yes	or No—		American Indien, White, atc.
L	1 Never Married 2 Merried FORCES? 1 YES			ecify Cuben, Mexical 2000 NO Specify	n, Puerto Ricen, atc.)		Specify	
10	3 Wildowed 4 Divorced		1					White
2	(Specify only highest grade completed)	6a. DECEDENT'S (Give kind of	USUAL OCCUPATE work done during mo se retired.)	ON ist of working	16b, KIND OF BU	SINESS/IND	USTRY	
ויל	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 years 2 years		sperson		Reta	ail		
COMPLE	17, FATHER'S NAME (First, Middle, Last)	Dest	- DP01D0II	16. MOTHER'S NA	ME (First, Middle, Maiden			
	Frederick Beckman				illian Chr		her	
0	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or Tow			
2	Lynda J. Lowry	6110	Sefton .	Avenue Ba	altimore,	Maryl	and	21214
			SITION (Name of ce	metery, crematory or	20c. LO	CATION —	City or Tov	vri, State
	4 Donation 5 Other (Specify)	ardens	of Faith	1 Cemeter	ry Ba.	ltimo	re C	ounty, Md.
- 1	21. SIGNATURE OF TUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	eral Home			
	Yould C. Herraly	4			Rd. Balto	. Md	. 2	1236
	23. PART I. Enter the diseases, or complications that caused to	ha daath. Do	not entar the mo	de of dying, suc	h aa cardiac or reap	retory arr	eat,	Approximate
	ahock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final) (,	01			Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OUE TO (OR AS A C	mys	cardial	wfee	retron			
			F):					
5	Sequentially list conditions	c.v. A						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE O	*):					į .
5	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A C	ONSEQUENCE O	F):					+
	resulting in death) LAST							
3					T			
4	PART II. Other aignificant conditions contributing to death but Surere perspecial vas	not reaulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ا ۾	sucre penjulate 10 am				1 TYES	R □ NO		OF DEATH?
Σ	- Babdomiul	apri	i areur	12m 07	7			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF OEATH (Ch	eck only one)			
PHTSICIAN: MEL	EXAMINER? 1 YES 2 NO 1 Input left 2 ER/Outpetl	6m 3 0004	OTHER:		6 Other (Specify)			
Ě	27. MANNER OF DEATH 280. OATE OF INJURY	26b. TIR	E OF 28c. IN	JURY AT	28d. OE\$CRIBE HOW	INJURY OC	CUREO	
1 1	1 Netural 5 Pending (Month, Day, Year)	IN		YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be building, stc. (Specify	- At home, farm,	atreet, factory, offi	:0	26f. LOCATION (Street City or Town, State		or Rural R	oute Number,
	4 Homicide determined	,			ony or lown, state,			
COMPLEIED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled	dge, death occur	red at the time, dat	and place, end due	to the cause(e) and ma	nner se stal	ed.	
5	one) 2 MEDICAL EXAMINER: On the basic of examination of	end/or Investigati	on, in my opinion,	death occured at the	time, date and place, a	nd due to th	e cause(a)) and manner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
2	Stromb Silmune In	M		1009	425	•	6-	22-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALME OF SEAT	H (ITEM 27) (7/0						
	Frank S. Palmisano, Jr. 51324H	at fard	Ref 1	timore. N	(d. 21214	(426-	5120)
	31. OATE FILED (Month, Day, Year) 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	THE						

and for use as the burial-transit permit, Pages 1, 2, 3 should ptul or attending physician.

BALTIMORE,

D 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may 1. The THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203 urs after death. Page 6 may be retained by the hospital

burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jurs after death. Page 6 may be retained by the hospital or THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RIGIN? (Specify Your of Rican, etc.) 18b. KIND OF BI OWN I First, Middle, Maide J. BILI Number, City or To ESDA, I	Tog. CITIZE U.S. Tog. CITIZE	Code) AND 20817 Sty or Town, State POLIS, INDIA ME 01				
March 27 March	TOUSINESS/INDUI HOME OWN, State, Zip Co MARY Li Location — Ci DIANA AL HOL A 222 Spiratory arre-	SHITHPLACE (State or Foreign Country) TY OF OEATH COMETY 10d. INSIDE CITY LIMITS? 1 X YES 2 NO EN OF WHAT COUNTRY? S. A. 14. RACE — American Indian, Black, Whita, etc. Specify: CAUCASIAN STRY Code) AND 20817 Sty or Town, State POLIS, INDIA ME O1 est, Approximate Interval Between				
March 27 March	TOURINESS/INDUIN	TY OF OEATH COMETY 10d. INSIDE CITY LIMITS? 1 X YES 2 NO EN OF WHAT COUNTRY? S. A. 14. RACE — American Indian, Black, Whita, etc. Specify: CAUCASIAN STRY Code) AND 20817 Sty or Town, State POLIS, INDIA ME O1 est, Approximate Interval Between				
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ESDA, I 20c. L INI Y FUNERA IRGINIA cardiac or rea	MARYLA LOCATION — CI DIANA AL HOI A 222 spiratory arre-	AND 20817 Ity or Town, State POLIS, INDIA ME 01 Ist, Approximate interval Between				
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cardiac or rea	piratory arre	st, Approximate Interval Between				
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1 TYES	2 NO	OF OEATH?				
.		1 TYES 2 NO				
only one)		<u> </u>				
Other (Specify)						
	W INJURY OCCU	URED				
LOCATION (Street	et and Number n	or Rural Boute Number				
		and the contract of the contra				
Suicide 8 Could not be determined building, stc. (Specify) 20e. CERTIFIER (Check only one) 2 meDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.						
, date and place,	end due to the	cause(e) end manner as state				
۹	29d, DATE	SIGNEO (Month, Day, Year)				
	6-	-20-90				
.ngton,		20007				
1	f. LOCATION (Stre City or Town, Str	d. DESCRIBE HOW INJURY OCC f. LOCATION (Street and Number City or Town, State) the cause(e) and manner as state e, date and place, end due to the				

10071 71

Control Care

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 constructed that has been signed by the attending physician and completely filled in by the funeral director, page 5 should by detail that be been signed by the attending physician and completely filled in by the funeral director, page 5 should by detail to burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

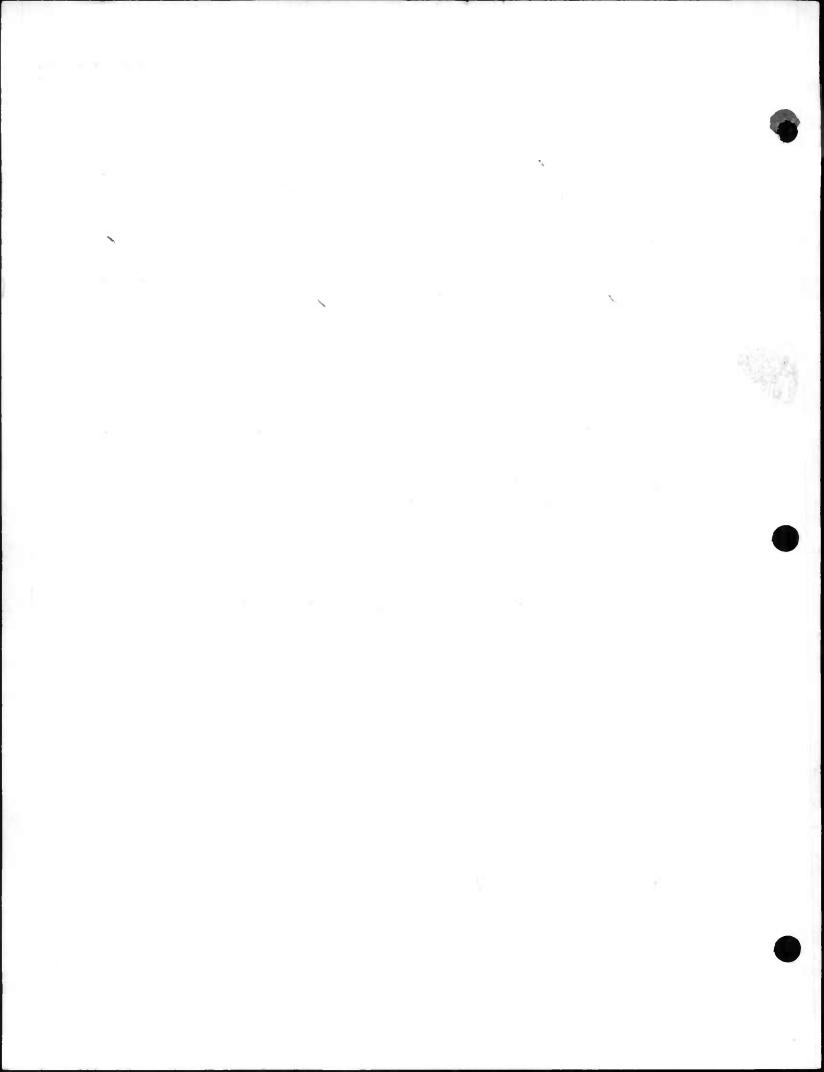
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH			CITIE	CATE	I DEC		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH
	Harry M. Stein							6 21		90	730 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	MONTHS DA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign
	215108457	1 🗆 🖖 2 🗆 F	80	YRS.	MONTHS DA	HOURS	Metre.	3/22/10			vland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	VN OR LOCAT	TION OF D		9c. COUN	TY OF DE	
<u>۳</u>	Church Hospita	1	Grpor	atio	n Baltimore City						
81	RESIDENCE OF DECEDENT		WIPOI	a cao,	n Bartimore City						
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CITY	, TOWN OR LO	CATION	CATION 10d. J				
ā	Md.			E	altin	nore					XX YES 2 NO
7	10e. STREET AND NUMBER					101. ZIP CO	DE				HAT COUNTRY?
FUNERAL	915 Stiles St.						2	12 24		U.S	. A .
Ξ	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. /	ARMED	13. WAS	DECENDENT		NIC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian.
	1 Never Merried 2 Married		YES X2X	NO	If yes	, specify Cut	en, Mexic	nn, Puarto Ricen, etc.)			— American Indian, White, stc.
B₹	3 X Widowed 4 Divorced	11 123, 0112	WIN ON DATES			YES X X NO	O Speci	у.		wh	ite
0	15. DECEDENT'S EDUC		16e, I	DECEDENT'S	USUAL OCCUI	PATION		16b. KIND OF BUS	INESS/IND	USTRY	
15	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of willie. Do NOT us	rork done durin e retired.)	most of worl	king	Fair	Lane	s Bo	owling
2	unknow	College (1-4 or 5		IDARU	isor	mach	anio				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	11	1 5	uperv	TSOL/			AME (First, Middle, Meiden	Cumpamol		
	John Stein							Arlene	Surname)		
BE											
2	19e. INFORMANT'S NAME (Type/Print)							Route Number, City or Town			
-	Harry J. Stein	· · ·						Balto. M			
	20e. METHOD OF DISPOSITION. XI XI ★uriel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLAC	place)	ITION (Name o		,		CATION —		
	4 Donation 6 Other (Specify)	- 4	_ Ho.	ly Ro	sary				ltim		
	21. SIGNATURE OF FUNERAL SERVICE LIC	spees//			22. NAM	E AND ADDR	ESS OF F	on Funer	21 H	Oma	Inc
- 1	1/1////	1/4			30	OO F	R,	ltimoro	C+/D	0.1+	MD 2122
_	23. PART I. Enter the diseases, pro			Cont. Do							Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)			Fail	lue						Interval Batween Onset and Dasth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition	s contributing to	death but no	t resulting	n the under	lying cause	alven ir	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Or Private Conti	Coulse	raral.	P.	nep his	.0 -	00	DOG PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
03	COLUMN TO THE SECOND TO THE SE	Carea		CLERO	ice my	12 00	Rela	THE YES 2	∐ NO		OF DEATH?
Σ											1 TES 2 NO
Z											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER:	6. PLACE OF	DEATH (C	heck only one)			
NS.	1 🗆 YES 2 X NO	1 Inpatient 2	☐ ER/Outpatient	3 DOA		Nome 6 🗆	Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O (Month)	F INJURY Day, Year)	26b. TIM	E OF 280 URY	. INJURY AT WORK?		26d. DESCRIBE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation					YES 2	□ NO				
	3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At	home, farm,	street, factory,	office		261. LOCATION (Street	end Number	r or Rural A	oute Number,
H	4 Homicide determined	building	, atc. (Specify)					City or Town, State)			
COMPLETED	29e. CERTIFIER					-					
AP.	(Check only							e to the cause(s) end ma			
Ö	2 MEDICAL EXAMINE	R: On the basis of	examination end/	or Investigation	n, in my opini	on, death oc	cured at th	e time, date end place, er	d due to th	he cause(s)	end manner es stated.
III .	296. SIGNATURE AND TITLE OF CERTIFIE	A /				29c. L	CENSE NU	IMBER	29d. DAT	E SIGNED	(Month, Day, Year)
0	Chi-Shir	1 fu							16	-21-	-90
2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CA	JSE OF DEATN (I	TEM 27) (Type	Print)					,	, -
	C-S chen Md.	100 B	മാരിയാ	137							
1	31 PATE FILED (MONTH POWERS) A 6	CA CONTRACTOR	NES SIGNATURE	E Y							
١,	201 52 1720 Say	When their	•								

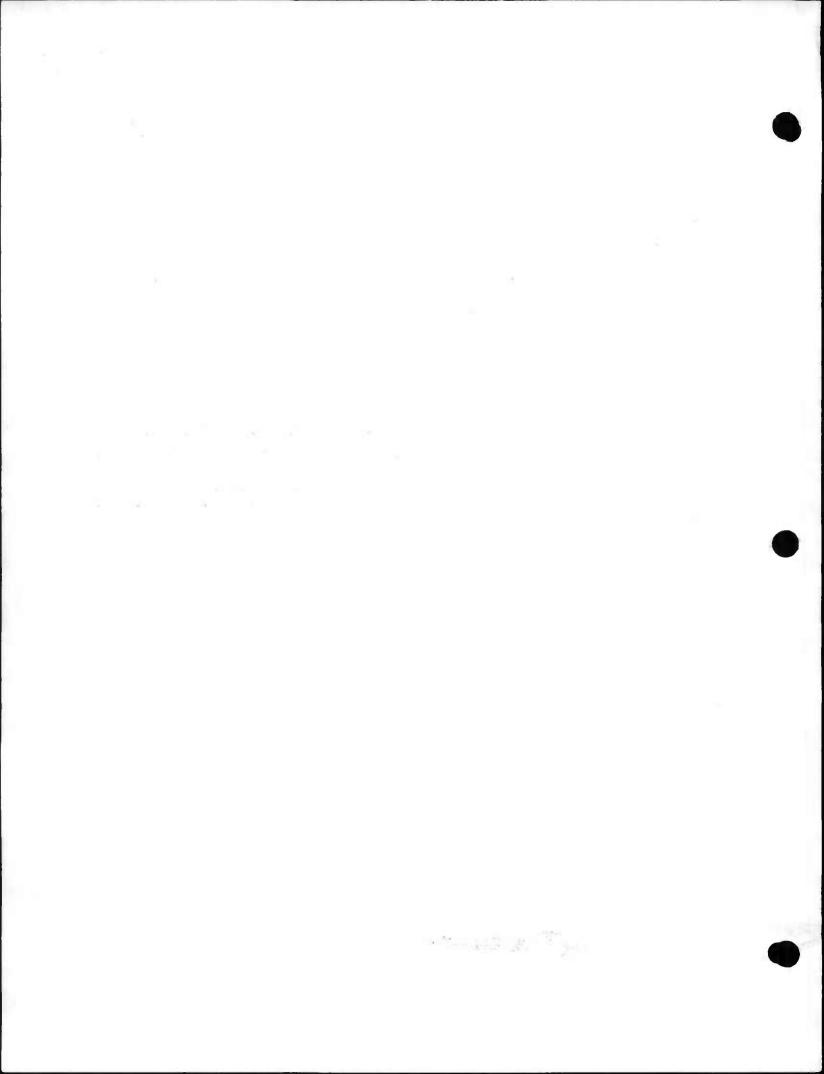
203-3146

BALTIMORE, MARTER	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shuffer the	mation, or removal.	supportants it ham 26 to marked or item 23 shows any injury or other trainmatic event the medical available must be notified.
(13146,	s executed wit	in and comple	to burial, crs	umafic even
P.O. BOX	ath certificate be	tending physicial	al Hyglene prior	or other trail
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the dea	s been signed by the att	ept. of Health and Menta	Valida and inline
OF VITAL	PHYSICIAN: The fa	this certificate has	with the State De	bad or item 2
DIVISION	TO THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR: After t	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, crsmatton, or removal.	MEDADTANT If Hem 28 le mark

REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Andrew			Sibi	stowicz	:	2, DATE OF JUNE	21, 199	O YEAR	3. TIME OF DEATH 10:30 AM		
4. SOCIAL SECURITY NUMBER 216-16-1438	1 Ø M 2 □ F 6	GE (In yrs. lest	t birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, D		6. BIRT Coun	HPLACE (State or Foreign try)		
9a. FACILITY NAME (# not institution, give to Maryland Gener		1		COUNTY OF	OEATH						
RESIDENCE OF DECEDENT											
Md .	Y			town or Local Control of the Control	ce City				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 216 N. Ellwood	Ave.				10f. ZIP CODE 2122	4	109	g. CITIZEN OF	WHAT COUNTRY? Δ		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	ES 2 N	MED IO	If yes,	ECENDENT OF HISPAI specify Cuban, Maxics ES 2 NO Specif	n, Puerto Rici		14. RAC Bla Spe	CE — American Indian, ck, White, etc. city:		
15. DECEDENT'S EDU (Specify only highest grade	e completed)	(G/	CEDENT'S we kind of w	USUAL OCCUPY vork done during e retired.)	TION most of working	16b. K/	ND OF BUSINES	SS/INDUSTRY	oauc.		
Elementary/Secondary (0-12) Unk.	College (1-4 or 5+) Unk.		Cler	•			eel				
17. FATHER'S NAME (First, Middle, Last)	G . 1 .				18. MOTHER'S NA			ame)			
Andrew 19a. INFORMANT'S NAME (Type/Print)	Sibist			ADDRESS (Street	Sophie of and Number or Rural			ete, Zip Code)			
Sadie Sibistow	icz	2	216	N. E11	wood Av	e. B	altim	ore	Md. 21224		
20a. METHOD OF DISPOSITION 1	ntombhent	20b. PLACE	OF DISPOS	SITION (Name of	cometery, crematory or Cemeter		20c. LOCATIO	on - City or 1	Town, Stata		
21. SIGNATURE OF FUNERAL SERVICE LI		0.	0	22. NAME	AND ADDRESS OF FA	CILITY	2818	E. Bal	timore St.		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Myocardi	ial Fa	ilur	9	mode of dying, suc	ch as cardia	c or respirato	ry arrest,	Approximate interval Betwee Onset and Dea		
Samurableth, that any distance	DUE TO (OR AS A CONSEQUENCE OF): COTONARY ARTERY disease b DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING					ascular d	icasca	3				
CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEC			aboutar o	110000					
PART II. Other algnificant condition	ns contributing to dea	th but not r	resulting	in the underly	ing cause given in		PERFORMED VES 2	77	Ib. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
						_					
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C)	heck only one)					
EXAMINER?	HOSPITAL:	Outpatient 2	□ 004	OTHER:			Specify)				
27. MANNER OF DEATH	28a. DATE OF INJU	JRY	26b. TIM	E OF 28c.	ome 5 Residence	_	Specify)	RY OCCURED			
1 K Natural 6 Pending 2 Accident Investigation	(Month, Day, Ye	ear)	INJ	URY	WORK? YES 2 NO						
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At ho (Specify)	me, farm,	street, factory, o	ffica	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
anal	SICIAN: To the best of my l								r(a) and menner as stated.		
290. SUCHATURE AND TITLE OF CERTIFIE		5			29c. LICENSE NU			d. DATE SIGNE	ED (Month, Day, Year)		
M NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITE				_			10		
Francis A. Clar	Mandret V			c/o Mar	yland gen	eral H	Mospita	1			
31. DATE FILED 1990 ON THE WAR	P - 132. REGISTRAR'S	SIGNATURE									



	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIE						
	DECEDENT'S NAME (First, Middle, Last)	Wilbert	Short				DAY 90 1	3. TIME OF DEATH				
		5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)				
TOR	90. FACILITY NAME (If not institution, give stre Harbor Hospital RESIDENCE OF DECEDENT	center	98		R LOCATION OF DE	Md,	9c. COUNTY	of DEATH altimore City				
DIRECTOR	10a. STATE 10b. COUNTY			own on Locate				10d. INSIDE CITY LIMITS? 1. YES 2 NO				
	10e. STREET AND NUMBER		I Dal		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL		n Ct. 12. WAS DECEDENT EVER IN FORCES? 1 7 YES				IIC ORIGIN? (Specify Y	ea or No— 14.	BACE — American Indian.				
BY	1 Never Married 2 Marriad 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify			Specify: Black				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work life. Do NOT use re	done durina mos	N st of working	16b. KIND OF B	USINESS/INDUS	TRY				
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)					
BE	Nathan Short 190. INFORMANT'S NAME (Type/Print)		T 19h MAILING AD	DRESS (Street a		e Chapma		orde)				
5	Carl Short					St. Balt						
	20a. METHOD OF DISPOSITION 1	val from State	PLACE OF DISPOSITION Of Place) Wt.			20c. 1	cocation – city Keland	or Town. State				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Warner	ught	+ Wain		Funeral son Ave.		o. Md. 21223				
	23. PART i. Enter the diseases, or co shock, or heart failure. L	omplications that ceused ist only one cause on as						t, Approximata interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	CHF						Onset and Death				
z	DUE TO (OR AS A CONSEQUENCE OF): A C UTE MENA TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CATIC	If sny, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or Injury) A S C V D a trial flutter											
CERTIFICATION	that initiated events resulting in death) LAST	respirator	consequence of):	+								
PHYSICIAN: MEDICAL CI	Aortic regurg	contributing to deeth but on	it not reaulting in	the underlying	g ceuse given in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 [1]-10	24b. WERE AUTOPSY FINDINGS MINILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO				
N. N												
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)						
PHY	27. MANNED OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		28d. DESCRIBE HOV	V INJURY OCCU	RED				
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm, stre		YES 2 NO	281. LOCATION (Stre	et and Number or	Rural Route Number.				
TED	4 Homicide detarmined	building, atc. (Speci				City or Town, Sta						
COMPLETED	and any	CIAN: To the best of my knowledge. On the basis of examination						cause(a) end menner ea stated.				
BE	296. WIGNATURE AND TITLE OF CERTIFIER	intern			29c. LICENSE NU	MBER		RIGNED (Month, Day, Year)				
욘	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	Baltin o	re Md	21230						
	31. DATE FILED (Month, Day 14 25	990. Shanove	Alex Alex	N.								
		0										



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

												91	0	16993
1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN	_			
1. DECEDENT'S NAME (First	st, Middle, Last)								2. DATE	OF DEATH		9.000	3. TII	AE OF DEATH
1	N	lauro T		TUMM	INEL	LO.			June	20,	990	YEAR	1	11:45 p M
4. SOCIAL SECURITY NUM	IBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH Countr	PLACE	(State or Foreign
215-14-685	3	XX M 2 □ F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	11	-22-21		Ma:	ryl	and
9a. FACILITY NAME (If not		treet and number)			9b. CITY	r, TOWN C	R LOCATIO	ON OF D	EATH		9c. COU	NTY OF D	_	
Franklin S		Hospital				Ros	svil	le			Balt	imor	e (County
10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. I	NSIDE CITY
Maryland	Balt	imore				Ful	lert	on						YES 2XXNO
10e. STREET AND NUMBER	R					101	ZIP CODI	E			10g. CIT	IZEN OF V	WHAT C	COUNTRY?
7527 Bela	ir Rd.						21	236				U	SA	
11. MARITAL STATUS 1 Never Merried 2 3 Navidowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2			If yes, sp		n, Mexico	in, Puarto	t? (Specify Yes Ricen, etc.)	or No-	14. RACI Black Spec	k, White	merican Indian, a, etc. White
15. DE	CEDENT'S EDU	CATION	16a. DI	ECEDENT'S	USUAL O	CCUPATIO	ON .		168	. KIND OF BU	SINESS/INC	DUSTRY		
Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 6	116	live kind of a Do NOT u	work done se retired.)	during mo	st of workin	ng						
7th grade				rake	Ins	pect	or			Railr	oad			
17. FATHER'S NAME (First,							18. MOT	HER'S N	ME (First,	Middle, Maiden	Surname)			
Gaetano T.	Tummi:	nello					He	len	E. J	ohnson	1			
19a. INFORMANT'S NAME	(Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Num	ber, City or Tow	n, State, Zij	o Code)		
Michael J.	Tummi	nello		10	10 N	. Ma	rlyn	Ave	enue	Balto.	, Md	. 2	122	1
20a. METHOD OF DISPOSI			20b. PLACE	OF DISPO	SITION (N	ame of cer	netery, cren	natory or		20c. LO	CATION —	City or To	own, St	eta
1 Surial 2 Cremat 4 Donation 5 Other		OVER FROM State	Most	Hol.	y Re	deem	er C	emet	ery	Ba	ltim	ore,	Ci	ty, Md.
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE			22.	NAME AN	D ADDRE	SS OF FA	CILITY	Home				
Lesses	La Fre	ecrel)	me The	c.		740	l Be	lair	Rd.	Balto	_		212	36
23. PART / Enter the ahock, or		complications the			not enter	r the mo	de of dy	ing, aud	ch aa cen	diec or reap	ratory er	rest,		Approximate interval Between
iMMEDIATE CAUSE (F disease or condition resulting in deeth)		Upper	Gastroir	ı tes t	inal	Ble	edin	a.						Onset and Death
readiting in deeth)		DUE TO	(OR AS A CONSE	OUENCE O	F):			<u> </u>						
		Esopha	geal Var	rices										
Sequentielly list cond if any, leading to imm	adista		(OR AS A CONSE											
cause. Enter UNDERL'	YING	Liver	Gailure	and	Cirr	hosi	S.							
that initiated events		DUE TO	(OR AS A CONSE	QUENCE O	F):									
resulting in death) LA	ST	d												
PART II. Other algolific	cent condition	na contributing to	death but not	reaulting	In the u	nderlyin	g cause :	given in	Part i.	24a. WAS AN PERFOI 1 YES	RMED?	248	COME	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
											MAN C			EATH? YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF D	EATH (C	hack only o	ne)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:				er (Specify)				
27. MANNER OF DEATH		20a. DATE O	INJURY	26b. TIN	ME OF	20c. IN.	URY AT	- Stadille		SCRIBE HOW	NJURY OC	CURED		
-	Pending	(Month, I	Day, Year)	IN	JURY	WC	YES 2	NO	Jacob Ca					
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	20g. PLACE (OF INJURY — At h	ome, ferm,	street, fac					CATION (Street or Town, State		or Or Runal	Floute I	lumber,
29a. CERTIFIER (Check only	RTIFYING PHYS	ICIAN: To the best of	f my knowledge, d	eath occur	red at the	time, date	and place	, and du	a to the ca	use(a) and ma	nner as str	nted.		

29b. SIGNATURE AND TITLE OF CERTIF

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Balto. 21237

VROCHAMIRN M& 9000 Franklin Square Dr.,

INPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

dent se

A. P. H. VIII. STORY OF PRINCIPLES CO., LANSING, MANAGEMENT CO., LANSIN

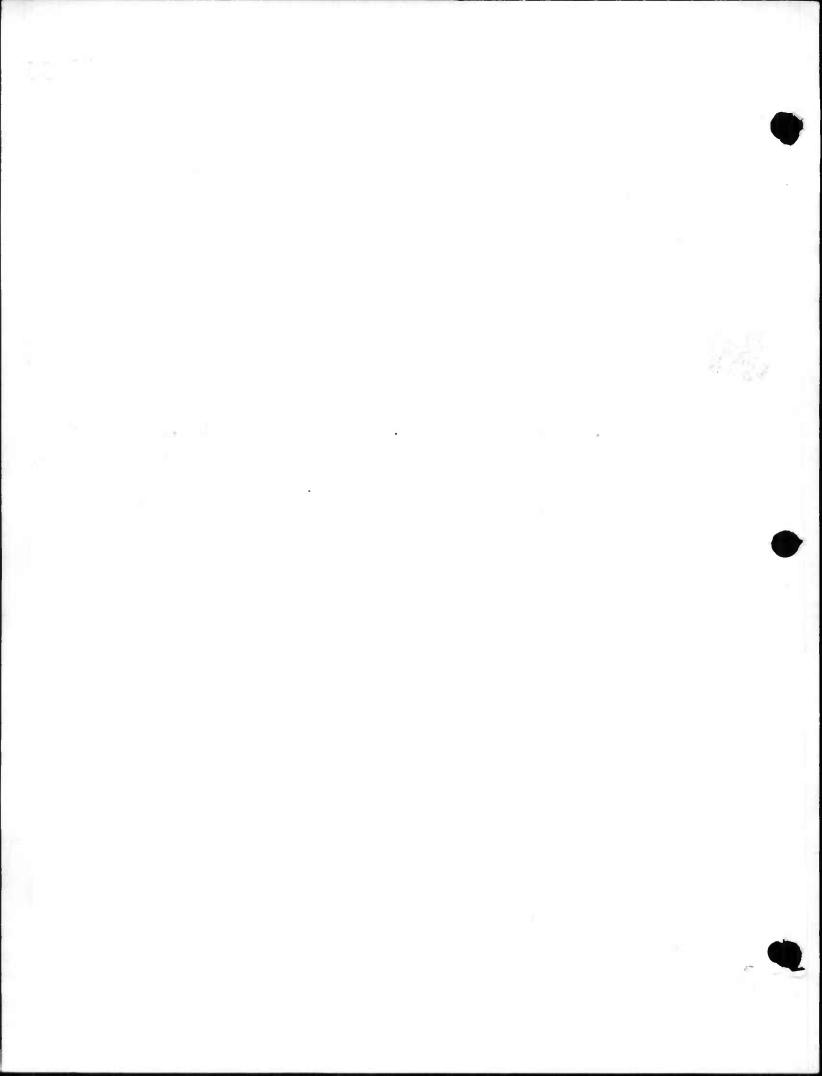
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa		MODITANT If item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be
after	y the	moval	cai
Nours	d in t	0d 10d	med
24	Alle A	ion,	he
within	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Myglene prior to bunal, cremation, or removal,	rent. 1
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execi	and	200	mati
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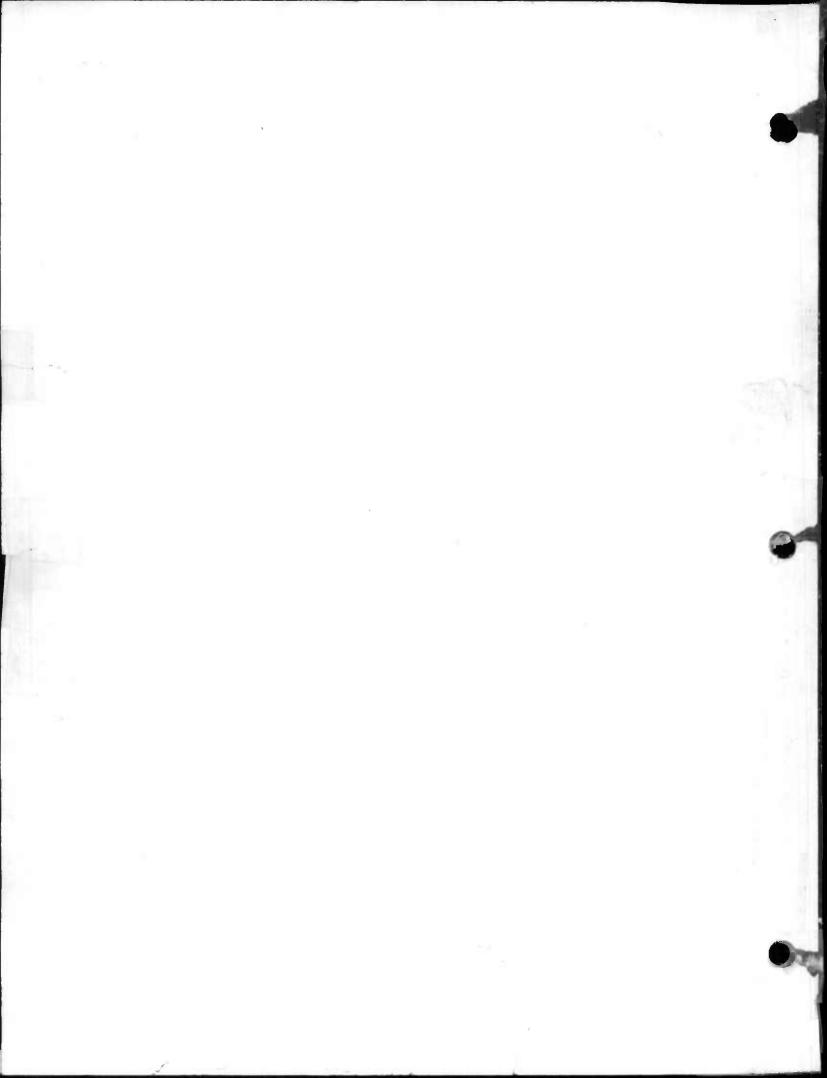
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIENE REG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Lest) LEAH ARNEASE	THOMAS	d			2. OATE OF OEATH MONTH DAY		3. TIME OF OEATH 9 - 35 AM			
	4. SOCIAL SECURITY NUMBER NONE 98. FACILITY NAME (If not institution, give st	1 🗆 M 2 😾 F	YRS.	IF UNDER 1 YEAR NONTHS DAYS 8 23 9b. CITY, TOWN OR	IF UNDER 24 HRS. HOURS MIN. LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 0 9 - 28 - 9-6 ATH	Coun	RYLAND			
DINECTOR	ST. AGNES HOSP RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			BALTIM(
	MD			LTIMORE			10d. INSIDE CITY LIMITS? 1 \to YES 2 \to NO				
LONEHAL	25 N BERNICE A	VENUE	N (I S ADMED	2	1229	IIC ORIGIN? (Specify Yes	USA	WHAT COUNTRY? CE — American Indien,			
	1 📉 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 YES	2 NO	If yes, spec		n, Puerto Rican, etc.)	Ble	ck, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade NEIsmentary/Secondary (0-12)		16a. OECEOENT'S US (Give idnd of wo ills. Do NOT use CHILD	rk done during most retired.)	of working	16b. KIND OF BUSI	NESS/INDUSTRY				
200 20	17. FATHER'S NAME (First, Middle, Last) WARREN EVERET	THOMAS			ROMAIN	ME (First, Middle, Meiden S IE DENISE	WILLI	AMS			
2	19a. INFORMANT'S NAME (Type/Print) ROMATNE D. WTI 20a. METHOD OF DISPOSITION	201	25 N.	BERNI	CE AVEN	Route Number, City or Town, IUE BALT 20c. LOC					
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	K	other place) Ling Memo	22. NAME AND	AOORESS OF FA	Ba:		e, Maryland			
	23. PART I. Enter the diseases, pr	complications that cause the List only one cause on		4600 1	iberty	Heights	Avenu				
	IMMEDIATE CAUSE (Finel	s. CARDIC	DRESPIR A CONSEQUENCE OF):					Onset and Deeth			
HILCALION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING	if any, leading to immediate									
CENIII	CAUSE (Disease or injury that initiated events resulting in deeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other significent condition	is contributing to death t	but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN / PERFOR! 1 TYES 2	MED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	1 YES 2 NO										
PHISICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 - Nursing Home	5 - Residence	6 Other (Specify)					
מו הח	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 Y	RY AT IK? ES 2 NO	28d. DESCRIBE HOW IN					
COMPLEIED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At nome, ferm, sti	reet, factory, office		281. LOCATION (Street a: City or Town, State)	nd Number or Hurs	I Houte Number,			
COMPL	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the besis of examination			ath occured at the	time, data and place, and	due to the cause				
O BE	296. SIGNATURE AND TITLE OF CERTIFIE THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	as asenu.			29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Year)			
	D. KUMARASENA,	ST AGNES	HOSPITAL	, 900	CATON	V ANG, B	ALTO, A	40 21229			
	JUN 2/2 1980 Har	a patrassi na 19									



1	-	FOR STAT REGI	E STRA
F	I. D	ECEOE	NT'S N.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	RE	EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	,	WIL	HAM	S		2. OATE OF D MONTH	EATH DAY	1990	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-12-7066	1 🗆 M 2 🖳 F	E (In yrs. lest i	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		3 – 11	Count	VA.	
TOR	98. FACILITY NAME (If not institution, give str GOOD SAMARITAN RESIDENCE OF DECEMENT	·				MORE, C		9c. CC	UNTY OF D	DEATN	
2	10a. STATE 10b. COUNTY			10c. CITY, 1	OWN OR LOCA	TION				10d. INSIDE CITY	
FUNERAL DIRECTOR	M D 100. STREET AND NUMBER			ВА		RE, CITY	<u> </u>	10g. C	ITIZEN OF 1	YES 2 NO	
NERA	4538 MARBLE H	ALL RD.		#D	Laura	21239			USA		
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO	ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify, Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RAC Ble Spe						E — American Indian, k, White, etc. BLACK	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Glw	kind of wor	UAL OCCUPAT	ION lost of working	16b. KINI	OF BUSINESS/I	NDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. L	ITOR	etired.)	•	BAL	TO. C1	TY F	PUBLIC SOH	
0	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)		
BE C	ALONZO JENNI 196. INFORMANT'S NAME (Type/Print)	NGS				LILLI		RYANT			
2	UNITA BARNEY					and Number or Rural I					
	20a. METHOD OF DISPOSITION 1 🕅 Burial 2 □ Cremation 3 □ Remo	aral from State	Ob. PLACE O	F DISPOSIT	ON (Name of c	OOD AVE.	11	20c. LOCATION	— City or To	own, State	
	4 Donation 5 Other (Specify)		ARBU	JTUS	MEMOI	RIAL PK.		ARBUT	US,	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	~ ~	>		C. MARCH		1101	E. N	NORTH AVE.	
	23. PART I. Enter the diseases, pr. c. ahock, pr heart fellure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in deeth)		eech iina.		antar tha m	ode of dying, suc	h aa cardlac	or reapiratory	arreat,	Approximate interval Batween Onset and Death	
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	CONSECU	JENCE OF):	lita	~>					
Y.	PART II. Other significant conditions	contributing to death	but not re	sulting in	the underlyi	ng ceuse given in	Part i. 24e	. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Σ	PERFORMED? 1 YES 2 Just COR								COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAI	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3		THER:	me 5 🗆 Residence	8 Other (Sp.	ecify)			
BY PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending investigation	28a. DATE OF INJUR (Month, Day, Year		28b. TIME (ry v	JURY AT PORK? YES 2 NO	28d. DESCRIE	28d. DESCRIBE NOW INJURY OCCURED			
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route N City or Town, State)								Route Number,		
COMPLETED	one)	CIAN: To the best of my known.								a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF LEHTIFJER					29c. LICENSE NUI	MBER	29d. 0	ATE SIGNE	D (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, P	tan	Acquita	l, 56.	01, lod	Kevan	blud.	
	31. DATE FILED (MONTH), Day, Year) JUN 25 1990 5	32 PEGISTRAR'S SU		0)			-				



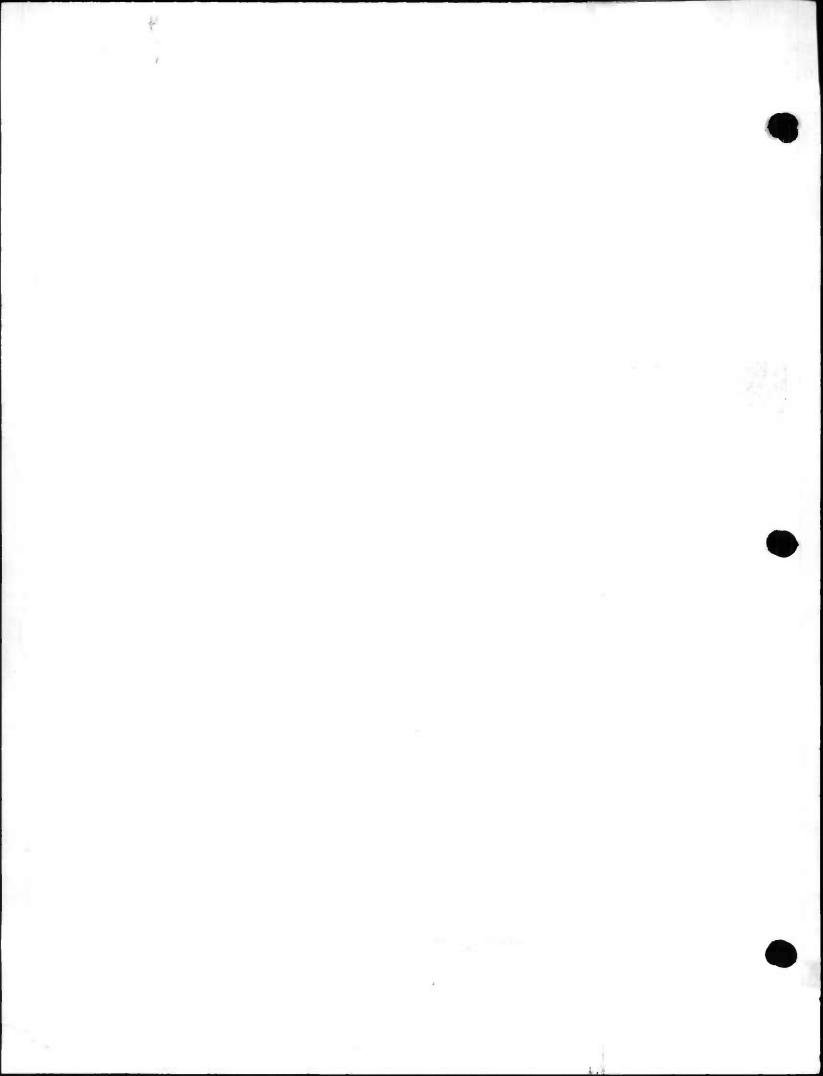
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 in the funeral director, page 5 in the funeral director.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not made
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JUN 2 5 1990

									05/2	27/20	3	*5 U	1	0000
	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE		TMENT O				MENTAL	HYGIEN				
ļ	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (E 17,	" በበበ	YEAR		OF DEATH
	JERRY WHITE	5. SEX	8 805 (to foot	e de mario de					7. DATE C		1990			
	212-14-1504	1 X M 2 F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 Y	AYS	HOURS	MIN.	(Month,	22-19		Counti		State or Foreign
_	9a. FACILITY NAME (If not institution, give st				9b. CITY, TO			N OF DE	ATH			NTY OF D		OTMU
5	THE JOHNS HOPKIN	NS HOSPIT	CAL		BALTI	LMOI	RE				BA	LTIM	OKE	CITY
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN OR I			TY					10d. INS	SIDE CITY AITS? ES 2 NO
FUNERAL	100. STREET AND NUMBER 1421 E. EAGER	ST.				10f.	212				10g. CIT	IZEN OF V	WHAT CO	
	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARN		11 ye	es, spe	cify Cuban		, Puarto R	? (Specify Yes ican, atc.)	or No—	14. RACI Blac Spec	k, While,	rican Indian, stc.
BY	3 Widowed 4 Divorced						Y-X						В	LACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(Giv	e kind of Do NOT u	work done duri se retired.)	JPATIO ing mos	N at of working	7	16b.	KIND OF BUS	SINESS/IN	DUSTRY		
MP	NIA		L)15A	BLED	_								
	17. FATHER'S NAME (First, Middle, Lest)								WE (First, M	liddle, Maiden	Surname)			
H	ERNEST WHITE 19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (S	Street at		MMA	Route Numb	er City or Tow	n State 7	n Code)		
10	SHELLEY SLA		1	311	N. F	R 0 S	SE S	Τ	BALT	IMOR	E , M	1D.		
	20e. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	oval from State	GARR	1°S0	V FOR	E S	T V E	atory or	CEM	. 20c. LO	WIN	GS N	own, Stat	S, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	II Bo	ind				MAR			. 110	1 E	. NC) R T F	AVE.
	23. PART I. Enter the diseasee, or d				not enter th	е то	de of dyl	ng, auci	ae cerd	lec or respi	iratory a	rest,		pproximate
	ahock, or haert fellure. IMMEDIATE CAUSE (Finel disease or condition	St. W. Allenda			lung		()	w					0	nterval Between inset and Death 2 - +
	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE C	IF):					.4				50 yours
NO	Sequentially list conditions.	a Cigar	ette sno	Kin	and	W	pate	is ex	10)	رو				2 - 4005
ATI	If any, leading to immediate cause. Enter UNDERLYING	00E 10	(OH AS A CONSEC	UENCE C	·F):								j	
FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE C	OF):									
CERTIFICATION	resulting in death) LAST	d												
_	PART ii. Other algnificant condition	s contributing to	deeth but not n	ecultina	In the unde	erlying	cause o	ilven in	Part I.	24a. WAS AN	AUTOPSY	24	b. WERE	AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	RMED?		AVAILA	BLE PRIOR TO ETION OF CAUSE
ED									_	1 TES 2	Z LINIO		OF DEA	ITH?
2									- 1			1		20 2 20 110
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only on	0)				
SIC	1 NES 2 NO	HOSFITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Hom	e 5 🗆 Re	sidence	6 🗆 Other	r (Specify)				
ВУ РН	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I		28b. TH	ME OF 20 JURY M	WO	URY AT PRK? YES 2] NO	28d. DES	CRIBE HOW	INJURY O	CCURED		
8	3 Sulcide 6 Could not be detarmined		OF INJURY — At ho, alc. (Specify)	me, farm,	street, factor	y, offic	•			ATION (Street or Town, State,		er or Rural	Route Nu	mber,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE												(a) and m	anner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE						29c LICI	ENSE NUI			29d. DA	TE SIGNE	O (Month,	Day, Year)
TO B	Mi Montell	O COMPLETED CAL	4				.C.M	349	-	MD.	•	6	171	90

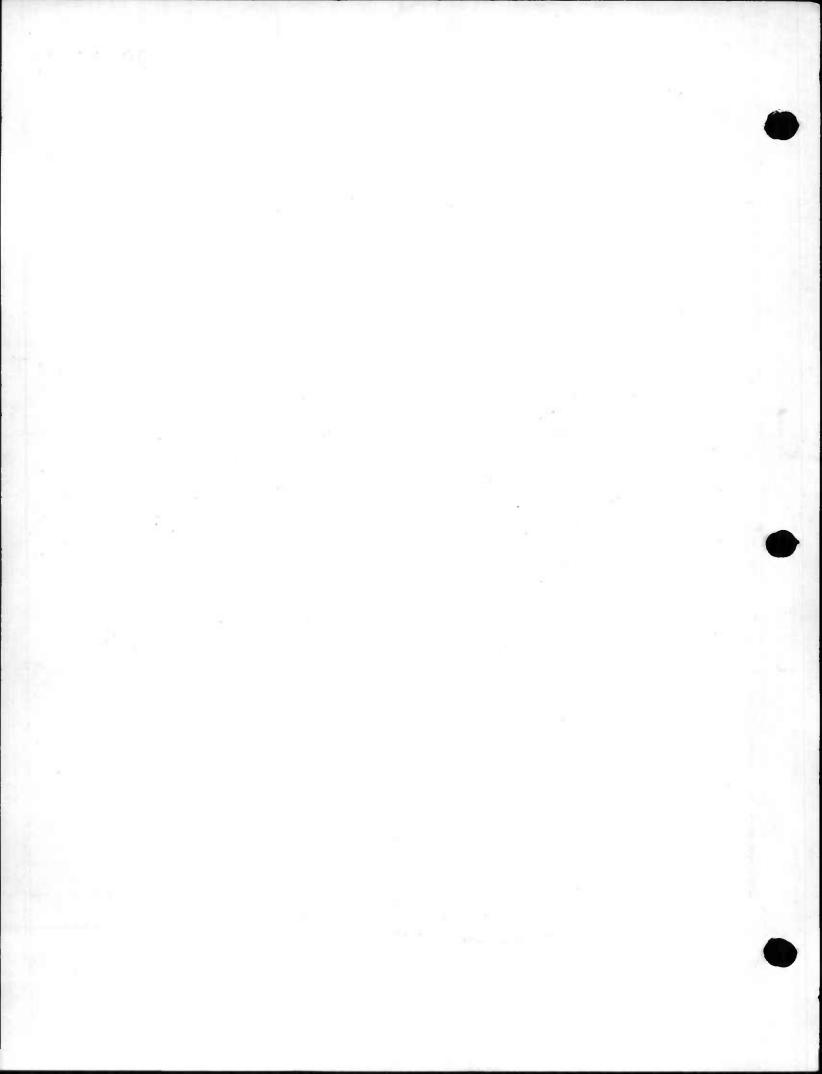
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A.C. MORRILL, MD.

OVER 1600 N WOLFE ST. BALTO.MD. 21205



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	
TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funer corresponding the detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Pages
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

				0 16999						
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND ME	ENTAL HYGIENE REG. NO.							
1. DECEDENT'S NAME (First, Middle, U	1. WARFIELD	2	/ 9: /1	2 20 1						
4. SOCIAL SECURITY NUMBER 212-58-2472		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MONTHS DAYS HOURS MIH.	DATE OF BIRTN (Morth, Day, Year) 11-3-1909	BIRTNPLACE (State or Foreign Country)						
Baltimore	Co. Gen Hospital	96. CITY, TOWN OR LOCATION OF DEATH	N 9c. COUNT	Y OF OEATH						
10a, STATE 10b. COI		TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
3800 W.	Belvedere Apt 618	8 2/2/5	10g. CITIZE	N OF WHAT COUNTRY?						
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPANIC If yes, specify Cuben, Maxicen, I 1 YES 2 NO Specify:		4. RACE — American Indien, Black, White, etc. Specify: Walk						
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		ork done during most of working	18b. KIND OF BUSINESS/INDU	ВТЯ У						
17. FATNER'S NAME (First, Middle, Last HEAVY	rgan	18. MOTHER'S NAME	(First, Middle, Meiden Surname) Turn er							
JOSEPH R. W.										
20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place) 4 Donation 5 Dother (Specify)										
Salar March 1300 Wash Ave.										
	or complications that caused the death. Do no ure. List only one cause on each line. s. UPPER OF. DUE TO (OR AS A CONSEQUENCE OF)	BLEED	s cardiac or respiratory sine	Approximate interval Betwee Onset and Deat						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bOUE TO (OR AS A CONSEQUENCE OF) cOUE TO (OR AS A CONSEQUENCE OF) d									
PART II. Other significant cond	itiona contributing to deeth but not resulting in	the underlying cause given in Pa	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING: AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	JRY WORK?	Other (Specify) 18d. DESCRIBE NOW INJURY OCCU	URED						
T Netural S Princing Investigation Accident S Poincing Investigation Net State No										
one)	PNYSICIAN: To the best of my knowledge, death occurred									
3 Suicide 4 Nomicide 6 Could no determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERT		29c, LICENSE NUMB		SIGNEO (Morith, Day, Year)						
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	NOAUS TOWN	, MD2113	3						
31. DATE FILED MONN DON 185	390 3 Contract Sentumber 1990									



N	7.2	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for the differ within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation	IMPORTANT: If them 28 is marked or Item 23 shows any injury, or other traumatic event. the
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	1. DECEDENT'S NAME (First, Middle, Last)	M. h	HEELER			2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd	**	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign				
	214 30 6406	1 M 2 K F	55 YRS	B. MONTHS DAYS	HOURS MIN.	November 5.	1934 P	ennsylvani				
	9e. FACILITY NAME (If not institution, give				OR LOCATION OF DE		c. COUNTY OF D					
D.	Greater Laurel-Reltsville Hospital Laurel Prince George RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
FUNERAL	106. STREET AND NUMBER 106. ZIP CODE 10g. CITIZEN O											
ON O	1003 Harrison 11. Marital Status	12 WAS DECEDENT	EVER IN U.S. ARMED			IIC ORIGIN? (Specify Yee or	No- 14. RACI	E — American Indian, k. White, etc.				
BY	1 Never Merried 2 Merried 3XXWidowed 4 Divorced	IF YES, GIVE W	TYES 2 NO		pecify Cuban, Mexica S 2 🕅 NO Specifi	n, Puerto Rican, etc.) y:	Spec	and the second s				
윤	15. DECEDENT'S ED (Specify only highest grad		(Give kind	T'S USUAL OCCUPAT of work done during n	ION lost of working	16b. KINO OF BUSIN	ESS/INDUSTRY					
PLET	Elementery/Secondary (0-12) Grade 11	College (1-4 or 5+		T use retired.) NET SETVÍ	ce clerk	bank						
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden Sui	meme)					
i iii	George J. Myers				Bertha	M. Fuhrman						
TO BE	19a. INFORMANT'S NAME (Typo/Print) Michael Wheeler		19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1003 Harrison Drive, Lawel, Md 20707									
	METHOD OF DISPOSITION	mount from State		POSITION (Name of c	emetery, crematory or	20c. LOCA	TION — City or To	own, State				
	Buriel 2 R Cremation 3 - Removal from State Other place) Metro Crematory Catonsville, Md											
型版	SIGNATURE OF FUNERAL SERVICE L	IONNE /	/		ANO AODRESS OF FA			77.1				
	* Haure	V-Man	redian			ieral Home,		Ма				
event, the medical	23. PART I. Enter the diseases, present and the second shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	a. House		ocerdi	al in	farction		Interval Batw Onset and Do				
ERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSEQUENC									
MEDICAL	PART II. Other significant condition	ons contributing to	death but not result	ng in the underlyi	may d	Part I. 24a, WAS AN AL PERFORMI	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?				
IIEM Z3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATN (C	neck only one)						
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3 DOA 4 Nursing Name 5 Realdence 6 Other (Specify)									
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Di										
Z8 IS	3 Suicide 8 Could not b 4 Homicide determined		F INJURY — At home, fa etc. (Specify)	me, farm, street, factory, office 28f. LCCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLE	CONDUCTORING CONTROL C					e to the cause(e) and manner time, date and place, and		(s) end manner ee stete				
D BE CO	296, SIGNATURE AND TITLE OF CENTUR		MD		29c. LICENSE NU			D (Month, Day, Year)				
E	1000	- 4										
2	30. NAME AND AGORESS OF PERSON V	YNO COMPLETED CAUS	SE OF DEATH (ITEM 27)	Type, Print) M	831	7 Cherry	Lane	Laurel				

